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AFSC 4V0X1/4V0X1A

Optometry/Ophthalmology



CAREER FIELD EDUCATION

AND TRAINING PLAN

**CAREER FIELD EDUCATION AND TRAINING PLAN
OPTOMETRY/OPHTHALMOLOGY SPECIALTY**

AFSC 4V0X1/4V0X1A

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**OPTOMETRY/OPHTHALMOLOGY SPECIALTY
AFSC 4V0X1/4V0X1A
CAREER FIELD EDUCATION AND TRAINING PLAN**

Part I

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies life-cycle education/training requirements, training support resources, and minimum core task requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill vigor in all aspects of career field training. **NOTE:** Civilians occupying associated positions will use Part II to support duty position qualification training.

2. The CFETP consists of two parts; both parts of the plan are used by supervisors to plan, manage, and control training within the career field.

2.1. Part I provides information necessary for overall management of the specialty. Section A explains how everyone will use the plan; Section B identifies career field progression information, duties and responsibilities, training strategies, and career field path; Section C associates each level with specialty qualifications (knowledge, education, training, and other); Section D indicates resource constraints. Some examples are funds, manpower, equipment, facilities. Section E identifies transition training guide requirements for SSgt through MSgt.

2.2. Part II includes the following: Section A identifies the Specialty Training Standard (STS) and includes duties, tasks, technical references to support training, Air Education and Training Command (AETC) conducted training, wartime course, core task, and correspondence course requirements. Section B contains the course objective list and training standards supervisors will use to determine if airmen satisfied training requirements. Section C identifies available support materials. An example is a Qualification training package (QTPs which may be developed to support proficiency training). These packages are identified in AFIND8, *Numerical Index of Specialized Educational Training Publications*. Section D identifies a training course index supervisors can use to determine resources available to support training. Included here are both mandatory and optional courses. Section E identifies MAJCOM unique training requirements supervisors can use to determine additional training required for the associated qualification needs. Section F provides guidance on documentation of training (medical specific).

3. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate point in their career. This plan will enable us to train today's work force for tomorrow's jobs. At unit level, supervisors and trainers will use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

ABBREVIATIONS/TERMS EXPLAINED

Advanced Training (AT). Formal course which provides individuals who are qualified in one or more positions of their Air Force Specialty (AFS) with additional skills/knowledge to enhance their expertise in the career field. Training is for selected career airmen at the advanced level of the AFS.

Air Force Job Qualification Standard/Command Job Qualification Standard (AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on AFJQS/CJQS are common to all persons serving in the described duty position.

Allocation Curves. The relation of hours of training in different training settings to the degree of proficiency which can be achieved on specified performance requirements.

Career Field Education and Training Plan (CFETP). A CFETP is a comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Career Training Guide (CTG). A document that uses Task Modules (TMs) in lieu of tasks to define performance and training requirements for a career field.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. Tasks the AFCFM identify as minimum qualification requirements within an AFSC, regardless of duty position.

Course Objective List (COL). A publication, derived from initial/advanced skills course training standard, identifying the tasks and knowledge requirements, and respective standards provided to achieve a 3-5-7-skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations in accordance with AFI 36-2201, Developing, Managing, and Conducting Training.

Enlisted Specialty Training (EST). A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in each skill level of a specialty.

Exportable Training. Additional training via computer assisted, paper text, interactive video, or other necessary means to supplement training.

Field Technical Training (Type 4). Special or regular on-site training conducted by a field training detachment (FTD) or by a mobile training team.

Instructional System Development (ISD). A deliberate and orderly, but flexible process for planning, developing, implementing, and managing instructional systems. It ensures personnel are taught in a cost efficient way the knowledge, skills, and attitudes essential for successful job performance.

Initial Skills Training. A formal resident course which results in award of the entry level.

Occupational Survey Report (OSR). A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training conducted to certify personnel in both upgrade (skill level award) and job qualification (duty position certification) training.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Qualification Training (QT). Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel on-the-job training program occurs both during and after the upgrade training process. It is designed to provide the performance skills required to do the job.

Qualification Training Package (QTP). An instructional package designed for use at the unit to qualify, or aid qualification, in a duty position or program, or on a piece of equipment. It may be printed, computer-based, or in other audiovisual media.

Representative Sites. Typical organizational units having similar missions, weapon systems or equipment, or a set of jobs, used as a basis for estimating average training capacities and costs within the Training Impact Decision System (TIDES).

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment that preclude desired training from being delivered.

Skills Training. A formal course which results in the award of a skill level.

Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade airmen in the award of a skill level.

Specialty Training Standard (STS). An Air Force publication that describes skills and knowledges that airman in a particular Air Force specialty needs on the job. It further serves as a contract between the Air Education and Training Command and the user to show the overall training requirements for an Air Force specialty code that the formal schools teach.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results. A fixed quantity or quality.

Task Module (TM). A group of tasks performed within an Air Force specialty that are performed together and that require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Total Force. All collective Air Force components (active, reserve, guard, and civilian elements) of the United States Air Force.

Training Capacity. The capability of a training setting to provide training on specified requirements, based on the availability of resources.

Training Impact Decision System (TIDES). A computer-based decision support technology designed to assist Air Force career field managers in making critical judgments relevant to what training should be provided personnel within career fields, when training should be provided (at what career points), and where training should be conducted (training setting).

Training Planning Team (TPT). Comprised of the same personnel as a U&TW, however TPTs are more intimately involved in training development and the range of issues are greater than is normal in the U&TW forum.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study, etc.).

Upgrade Training (UGT). Mandatory training which leads to attainment of a higher level of proficiency.

Utilization and Training Pattern. A depiction of the training provided to and the jobs performed by personnel throughout their tenure within a career field or Air Force specialty. There are two types of patterns: 1) Current pattern, which is based on the training provided to incumbents and the jobs to which they have been and are assigned; and 2) Alternate pattern, which considers proposed changes in manpower, personnel, and training policies.

Utilization and Training Workshop (U&TW). A forum of MAJCOM Air Force Specialty Code (AFSC) functional managers, Subject Matter Experts (SMEs), and AETC training personnel that determines career ladder training requirements.

Wartime Course. Any course (for officers or enlisted) designed by higher headquarters to be conducted during wartime. Wartime courses are categorized as (1) courses directed to continue

training at the existing student flow to satisfy the training personnel requirement or (2) courses directed to expand student flow above the training personnel requirement to satisfy wartime training requirements.

Wartime Task. Task/knowledge items identified by SMEs as requiring training during the accelerated resident (3 level) wartime course. Graduates of the wartime course will only have training on those identified items to the specified proficiency code level.

Section A - General Information

1. Purpose. This CFETP provides information necessary for Air Force Career Field Managers (AFCFM), MAJCOM functional managers (MFMs), commanders, training managers, supervisors and trainers to plan, develop, manage, and conduct an effective career field training program. This plan outlines the training that individuals in this AFS should receive in order to develop and progress throughout their career. This plan identifies initial skills, upgrade, qualification, advanced, and proficiency training. Initial skills training is the AFS specific training an individual receives upon entry into the Air Force or upon retraining into this specialty for award of the 3-skill level. Normally, this training is conducted by AETC at one of the technical training centers. Upgrade training identifies the mandatory courses, task qualification requirements, and correspondence course completion requirements for award of the 3-, 5-, 7-, 9-skill levels. Qualification training is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge required to do the job. Advanced training is formal specialty training used for selected airmen. Proficiency training is additional training, either in-residence or exportable advanced training courses, or on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade. The CFETP has several purposes, some are:

- 1.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. Also, it is used to help supervisors identify training at the appropriate point in an individual's career.
- 1.2. Identifies task and knowledge training requirements for each skill level in the specialty and recommends education/training throughout each phase of an individual's career.
- 1.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method.
- 1.4. Identifies major resource constraints which impact full implementation of the desired career field training process.

2. Uses. The plan will be used by MFMs and supervisors at all levels to ensure comprehensive and cohesive training programs are available for each individual in the specialty.

2.1. AETC training personnel will develop/revise formal resident, non-resident, field and exportable training based on requirements established by the users and documented in Part II of the CFETP. They will also work with the AFCFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.2. MFMs will ensure their training programs complement the CFETP mandatory initial, upgrade, and proficiency requirements. Identified requirements can be satisfied by OJT, resident training, contract training, or exportable courses. MAJCOM-developed training to support this AFSC must be identified for inclusion into plan.

2.3. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II will be used as a reference to support training.

3. Coordination and Approval. The AFCFM is the approval authority. MAJCOM representatives and AETC training personnel will identify and coordinate on the career field training requirements. The AETC training manager for this specialty will initiate an annual review of this document by AETC and MFMs to ensure currency and accuracy. Using the list of courses in Part II, they will eliminate duplicate training.

Section B - Career Progression and Information

4. Specialty Description. Supervises ophthalmic services. Assists the health care provider (HCP) in the examination and treatment of patients by performing visual tests or procedures. Orders and dispenses optical and ophthalmic devices. Fits patients with ophthalmic devices and instructs patients on contact lens procedures. Assists aircrew members in aviator contact lenses and night vision goggle programs. Assists flight personnel in the occupational vision program. Records patients case histories, conducts visual screening tests such as visual acuity, cover test, pupillary testing, color vision, depth perception, visual field charting, and tonometry as requested by the HCP for analysis and interpretation. Instills approved ophthalmic drugs as directed by the HCP. Manages clinic resources. Evaluates requirements for supplies, equipment, personnel and makes recommendations to the appropriate agency. Develops and maintains a working environment that provides for timely, economical, and operational support of the mission. Responsible for budget review and management of ophthalmic services to the medical treatment facility. Reviews ophthalmic service activities with respective supervisors. Performs periodic maintenance and calibration checks on clinic diagnostic equipment. Manages administrative services. Coordinates technical and administrative activities of ophthalmic services to achieve effective and efficient visual programs. Reviews reports and records for accuracy and compliance with applicable policies and directives. Reports findings and service's activities. Develops and evaluates training in the clinic environment and recommends changes to the appropriate agency. Establishes or recommends ophthalmic standards, regulations, policies, or procedures required to ensure quality patient care in a safe, efficient, and effective ophthalmic environment. Performs ophthalmic functions. Prepares patients and performs as special surgical assistant using procedures pertaining to all types of ophthalmic surgery. Administers ophthalmic drops and ointments, applies ocular dressings, performs suture removal, and obtains eye cultures. Performs

general ophthalmic procedures in preparation of preoperative and postoperative patients. Takes ophthalmic photographs and prepares injectable ophthalmic anesthetics and antibiotics as directed by the HCP.

4.1. Specialty Summary. Performs and manages visual screening tests and assists in patient treatment. Processes eyewear prescriptions for military spectacles and related ophthalmic devices. Performs and manages clinic activities. Manages and directs ophthalmic service personnel, materiel, and equipment. Supervises technical and administrative activities of ophthalmic services. May perform duties in ophthalmology. Related DoD Occupational Subgroup: 323

4.2. Optometry/Ophthalmology Apprentice (4V031/31A).

4.2.1. Duties and Responsibilities.

4.2.1.1. Helps examine and treat patients. Receives patients and documents medical history on examination forms. Prepares patients for examination and treatment. Helps select and arrange instruments and equipment for patient testing. Helps HCP examine or treat patients by performing visual screening tests such as visual acuity, cover test, color vision, depth perception and other tests under the HCP's and/or supervisor's direction. Assists in ordering ophthalmic equipment and supplies for clinic use.

4.2.1.2. Helps process eyewear prescriptions. Processes military spectacles, contact lenses, and other optical devices according to regulations, under guidance from the HCP. Helps process nonmilitary orders for approval by the HCP. Measures and records frame sizes, interpupillary distances, and other ophthalmic data.

4.2.1.3. Verifies eyewear prescriptions, dispenses, repairs, and adjusts eyewear frames. Uses instruments and techniques to verify quality and accuracy of eyewear prescriptions according to American National Standards Institute (ANSI) specifications. Calculates mathematical computations related to optics. Dispenses, repairs, and modifies completed eyewear orders to fit individual patients under the HCP's or supervisor's direction. Instructs patients in proper use of spectacles. As directed by the HCP or supervisor, instructs patients in correct contact lens care, hygiene, and procedures for lens insertion and removal.

4.2.1.4. Instills approved topical ophthalmic drugs for diagnostic tests. Administers eye drops and ointments, applies ocular dressings, and obtains eye cultures under a HCP's direction. Prepares patients for and performs visual field charting for interpretation and analysis by the HCP. Assists in taking ophthalmic photos as directed by the HCP.

4.2.1.5. Performs ophthalmic duties. Performs as special surgical assistant, using procedures pertaining to all types of ophthalmic surgery. Prepares injectable anesthetics and antibiotics. Removes sutures and performs general preparation of preoperative patients. Provides postoperative patient instructions to patients as directed by the HCP.

4.3. Optometry/Ophthalmology Journeyman (4V051/51A) and Craftsman (AFSC 4V071/71A).

4.3.1. Duties and Responsibilities.

4.3.1.1. Helps examine and treat patients. Receives patients and documents medical history on examination forms. Prepares patients for examination and treatment. Selects and arranges instruments or equipment for patient testing. Helps plan and implement vision screening tests. Performs vision screening tests such as visual acuity, cover test, color vision, depth perception, and other tests as requested by the HCP. Helps order ophthalmic equipment and supplies for clinic use. Prepares reports and correspondence to appropriate agencies.

4.3.1.2. Processes eyewear prescriptions. Orders military spectacles, contact lenses, and other optical devices according to regulations. Prepares nonmilitary orders for approval by the HCP. Measures and records frame sizes, interpupillary distances, and other necessary data.

4.3.1.3. Verifies eyewear prescriptions, dispenses, repairs, and adjusts eyewear frames. Uses instruments and techniques to verify quality and accuracy of eyewear prescriptions according to American National Standards Institute (ANSI) specifications. Calculates mathematical computations related to optics. Dispenses, repairs, and modifies completed eyewear orders to fit individual patients. Instructs patients in proper use of spectacles. Instructs patients on proper contact lens care, hygiene, and procedures for lens insertion and removal.

4.3.1.4. Instills approved topical ophthalmic medications for diagnostic tests. Administers eye drops and ointments, applies ocular dressings, and obtains eye cultures under HCP direction. Prepares patients for and performs tonometry exams. Prepares patients for and performs visual field charting for interpretation and analysis by the HCP. Takes ophthalmic photos as directed by the HCP.

4.3.1.5. Performs ophthalmic functions. Performs as special surgical assistant, using procedures pertaining to all types of ophthalmic surgery. Prepares injectable anesthetics and antibiotics. Removes sutures and performs general preparation of preoperative patients. Provides postoperative instructions to patients as directed by the HCP.

4.3.1.6. When assigned, supervises ophthalmic clinical services. Determines requirements for supplies, equipment, and personnel.

4.4. Optometry/Ophthalmology Superintendent (4V090).

4.4.1. Duties and Responsibilities.

4.4.1.1. Supervises and manages ophthalmic services. Plans and schedules duty assignments in the clinic according to functions and workload. Develops and maintains a working environment that provides for timely, economical, and operational support of the mission. Establishes or recommends standards, regulations, policies, or procedures. Supervises and manages the Process Improvement Program. Coordinates with other activities, agencies, and organizations.

4.4.1.2. Directs clinic activities. Resolves administrative problems pertaining to clinic operation. Advises superiors of capabilities and procedures, and evaluates subordinates work. Receives and interprets communications, publications, and directives. Determines methods and sources for accomplishing tasks. Prepares correspondence and reports to appropriate agencies.

4.4.1.3. Manages and evaluates clinic activities. Inspects methods and procedures used in clinic activities to determine compliance with existing policies, regulations, and standards. Evaluates inspection findings and recommends corrective action.

4.4.1.4. Manages clinic resources. Evaluates requirements for ophthalmic equipment, supplies, and personnel; and makes recommendations to the appropriate agency. Responsible for budget review and management of ophthalmic services to the medical treatment facility.

5. Skill/Career Progression. Adequate training and timely progression from the apprentice to the superintendent skill level play an important role in the Air Force's ability to accomplish its mission. It is essential that everyone involved in training must do their part to plan, manage, and conduct an effective training program. The guidance provided in this part of the CFETP will ensure each individual receives viable training at appropriate points in their career.

5.1. Apprentice (3) Level. For AFSC 4V031, upon completion of initial skills training, a trainee will work with a trainer to enhance their knowledge and skills in ophthalmic related tasks. Trainees will utilize the Career Development Course (CDC) 4V051 to progress in the career field and are assigned to clinics or hospitals where ophthalmic services are provided. Once task certified, a trainee may perform the task unsupervised. For trainees in AFSC 4V031, there is no Professional Military Education (PME) courses to attend, and the trainee should refrain from any off duty education until completion of the CDCs.

5.1.1. For AFSC 4V031A, upon completion of initial skills training, a trainee will work with a trainer to enhance their knowledge and skills in ophthalmology related tasks, including surgical assistant duties. All personnel who enter AFSC 4V0X1A (Ophthalmology) will laterally retrain from AFSC 4V051/71 (Optometry). Trainees will utilize CDC 4V051A to progress in the career field. Trainees in AFSC 4V031A are assigned to Medical Treatment Facilities (MTFs) where ophthalmology services are provided. Once task certified, a trainee may perform the task unsupervised. At the earliest opportunity, SrA should attend the Airman Leadership School (ALS). Resident graduation is a prerequisite for SSgt sew-on and applies to active duty only.

5.2. Journeyman (5) Level. Once upgraded to the 5 level in AFSCs 4V051/51A, a journeyman will enter into continuation training to broaden their experience base. Five levels may be assigned supervisory duties and perform various ophthalmic and administrative tasks. Individuals who are

in the rank of SrA will attend ALS after having 48 months time in service (TIS). Resident graduation is a prerequisite for SSgt sew-on and applies to active duty only. After ALS, 5 levels will be considered for appointment as OJT trainers and attend OJT Trainer's Course. Individuals will use the most current CDCs and any other study references to prepare for testing under the Weighted Airman Promotion System (WAPS). Individuals should also consider continuing their education toward a CCAF degree and specialty certification through civilian agencies.

5.3. Craftsman (7) Level. A craftsman, depending on their specific AFSC, can expect to fill supervisory and management positions in the clinic. In addition, they can be assigned to fill additional duty positions or work in various group or squadron positions at the MTF when required. Individuals in 7 level positions will be considered for appointment as OJT task certifiers and attend the formal OJT Certifier's Course. Individuals will use the most current CDCs and any other study references to prepare for testing under the Weighted Airman Promotion System (WAPS) for promotion to TSgt and MSgt. Individuals who are awarded their 7 level should take courses in health care related fields or obtain added knowledge on management of resources and personnel. Continued academic education through CCAF and higher degree programs is encouraged. Advanced certification in optometry or ophthalmology is highly recommended. In addition, TSgt and TSgt selectees will attend the Noncommissioned Officer Academy (NCOA). Resident graduation is a prerequisite for MSgt sew-on and applies to active duty only.

5.4. Superintendent (9) Level. A superintendent can expect to fill positions in either an optometry or ophthalmology clinic. In addition, they can be assigned to fill additional duty positions or work in various group or squadron positions at the MTF. Individuals who are awarded their 9 level should pursue advanced training in the areas of budget, manpower, resources, personnel, and health management. Additional higher education, such as a bachelor degree in health related fields is highly encouraged. Individuals should enroll in the SNCOA correspondence course upon selection to MSgt. Individuals promoted to SMSgt must attend the SNCOA resident course. To assume the rank of CMSgt, individuals must be graduates of the SNCOA resident course and applies to active duty only.

6. Training Decisions. The CFETP uses a building block approach (simple to complex) to encompass the entire spectrum of training requirements for the 4V0X1/A career field. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. The following training decisions were made during the AFSC 4V0X1/X1A Utilization and Training Workshop (U&TW), held 26 thru 30 July 1999 at Sheppard AFB:

6.1. Initial Skills. Initial/Entry level training will usually be developed and taught by AETC. The initial skills course was revised to provide training needed to prepare graduates for optometry related positions. Significant changes to the 3 level course for AFSC 4V031 included adding: Air Force Surgeon General (AFSG) Customer Standards, Customer Care Basics, TRICARE/DoD Managed Care, Health Care Systems, Automated Equipment, and Red Lens Test. Core tasks were identified and some proficiency levels were increased or decreased for the 3-skill level and established with the STS dated, August 2000. Due to career field changes and retraining

opportunities for Optometry personnel into the Ophthalmology career field; changes to the STS have been made to support current career field requirements and is in Part II of this CFETP. When supported, changes are submitted in accordance with Air Force Instructions.

6.2. Five Level Upgrade Requirements. The 5 level CDC (4V051) provides needed training in the following areas: Objective Medical Group, Process Improvement Programs, Medical Materiel Procedures, Ocular Disorders, Ocular Pharmacology, Spectacle Request Transmission System (SRTS), and Advanced Visual Fields Testing. The 5 level CDC (4V051A) expands the areas of specific ophthalmology clinical testing tasks, microbiology, assisting in ophthalmic surgery and aseptic technique. The CDCs provide upgrade training on those tasks supported by Occupational Survey Report (OSR) data and are identified in the STS. Most tasks for upgrade training to the 5 level will expand on subject and task knowledge from initial skills training.

6.3. Seven Level Upgrade Requirements. Based on several factors, the 7 level course was approved for a 7 level CDC (one volume) versus a resident course. The 7 level CDC (4V071/71A) provides curriculum in the areas of technology updates, AFSC specific supervision and management, including the budget process, the contact lens program, work assignments, and conducting training within the scope of medical treatment facilities (MTFs).

6.4. Certification. Ophthalmic technicians are highly encouraged to seek certification for their specialty through any accredited agency covering their specialty.

6.5. Proficiency Training. Any additional knowledge and skill requirements that were not taught through initial skills or upgrade training were assigned as continued medical education (CME) requirements. The purpose of CME is to keep certification requirements current. CME provides additional training and knowledge to exceed minimum upgrade training requirements. Emphasis is focused on present and future duty positions, or new concepts in patient care and treatment.

7. Community College of the Air Force. Enrollment in CCAF occurs upon completion of basic military training. *Off-duty education is a personal choice, and highly encouraged.* CCAF provides the opportunity to obtain an Associates in Applied Sciences Degree. In addition to its associates degree program, CCAF offers the following:

7.1. Occupational Instructor Certification. Upon completion of instructor qualification training, consisting of the instructor methods course and supervised practice teaching, CCAF instructors who possess an associates degree or higher may be nominated by their school commander/commandant for certification as an occupational instructor.

7.2. Trade Skill Certification. When a CCAF student separates or retires, a trade skill certification is awarded for the primary occupational specialty. The CCAF uses a competency based assessment process for trade skill certification at one of four proficiency levels: apprentice, journeyman, craftsman/supervisor, or master craftsman/manager. All are transcribed on the CCAF transcript.

7.3. **Degree Requirements.** Upon completion of basic military training and assignment to an AFS field, active duty, ANG, and AFRES enlisted members are automatically entered into the CCAF program. Prior to completing an associates degree, the 5 level must be awarded and the following requirements must be met before separation, retirement, or commissioning:

	<i>Semester Hours</i>
Technical Education.....	24
Leadership, Management, and Military Studies.....	6
Physical Education.....	4
General Education.....	15
Program Elective.....	15
Technical Education; Leadership, Management, and Military Studies; or General Education	
Total..	64

7.3.1. **Technical Education (24 Semester Hours):** Students must complete the Air Force Optometry Apprentice Course in residence. The remaining semester hours may be applied from Technical Core/Technical Elective courses. Requests to substitute subjects/courses must be approved in advance by the CCAF Services Branch. Students should check with their CCAF counselors/advisors who will advise them regarding specific degree requirements.

Technical Core

<i>Subject/Courses</i>	<i>Semester Hours</i>
Assisting the Optometrist	6
General Psychology	3
*Human Anatomy and Physiology	3
Introduction to Basic Optics	6
Introduction to Operating Room Technology	3
Operating Room Practicum	6
Operating Room Technology	3
Vision Classification	6
Visual Acuity and Its Correction	6

* Must be completed as part of degree program.

Technical Electives

<i>Subject/Courses</i>	<i>Maximum Semester Hours</i>
AF Enlisted Professional Military Education	12
Algebra-Based Physics	4
Analytic Geometry	3
Basic Medical Readiness	3
CCAF Internship	12

Computer Science	6
General Biology	4
General Chemistry	4
Office Management	3

7.3.2. Leadership, Management, and Military Studies (6 Semester Hours): Professional military education and/or civilian management courses. The preferred method of completing Leadership, Management, and Military Studies is through attendance at an Airman Leadership School, Major Command NCO Academy, and/or Air Force Senior NCO Academy. However, civilian course that emphasize fundamentals of managing human or material resources may also be applicable.

7.3.3. Physical Education (4 Semester Hours): This requirement is satisfied by completion of Basic Military Training.

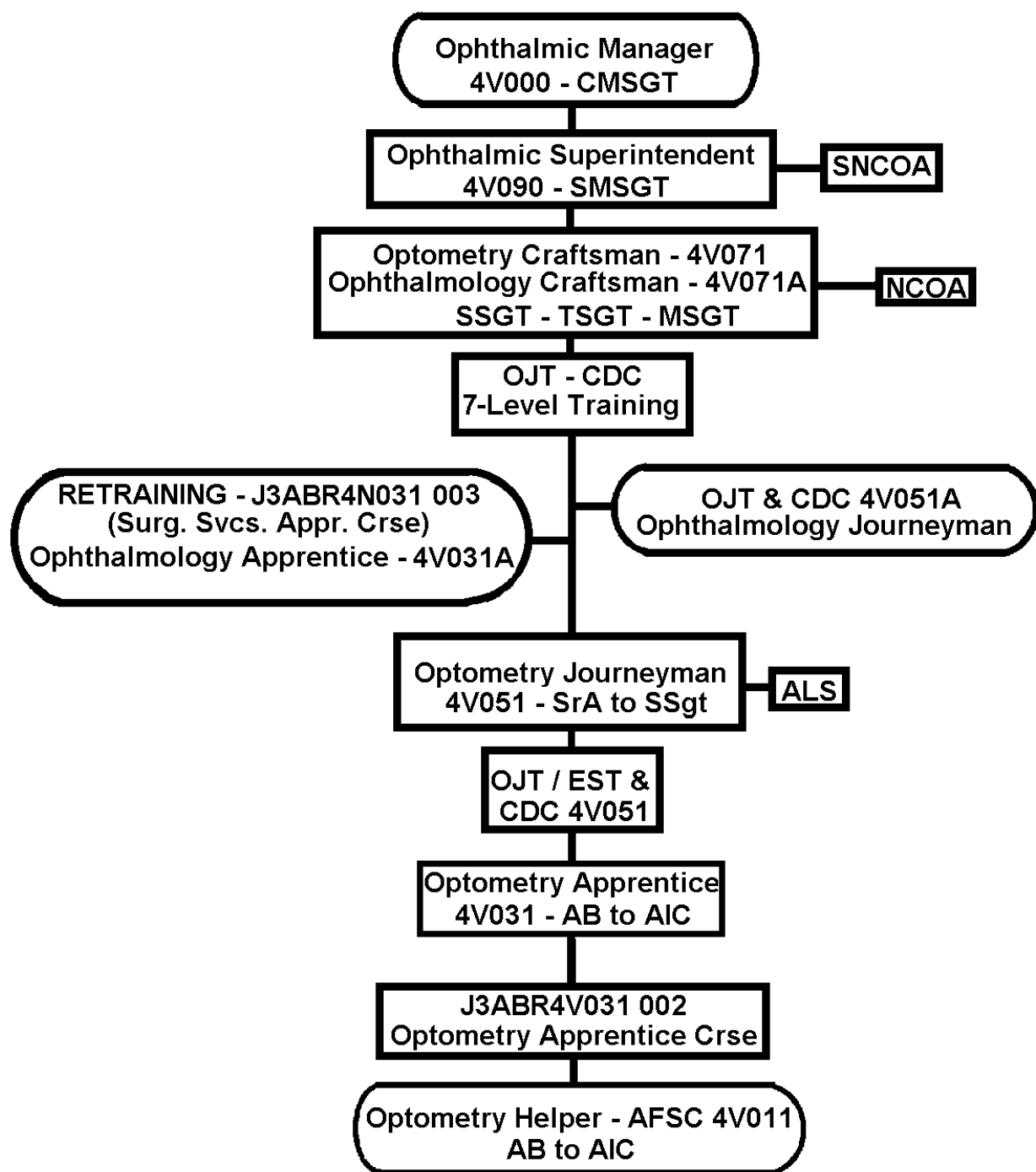
7.3.4. General Education (15 Semester Hours): Applicable courses must meet the criteria for application of courses to the General Education Requirements (GER) and be in agreement with the definitions of applicable General Education subjects/courses as provided in the CCAF General Catalog.

7.3.5. Program Elective (15 Semester Hours): Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including natural science courses meeting GER application criteria. Six semester hours of CCAF degree applicable technical credit otherwise not applicable to this program may be applied. See the CCAF General Catalog for details regarding the Associates of Applied Science for this specialty.

7.4. Off-duty education. Additional off-duty education is a personal choice and is highly encouraged for all. Individuals desiring to become an Air Education and Training Command (AETC) Instructor should be actively pursuing an associates degree. A degreed faculty is necessary to maintain accreditation through the Southern Association of Colleges and Schools (SACS).

NOTE: This degree program is accredited by the Council on Optometric Education of the American Optometric Association (COA/AOA). Graduates who desire registration should contact the American Optometric Association, National Paraoptometric Registry, 243 North Lindbergh Blvd., St. Louis, MO 63141. Ophthalmology personnel may contact the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), 2025 Woodlane Drive, St. Paul, MN 55125-2995 for further information.

8. Career Field Path. The career path progression, as shown in Figure 1-1, outlines when training is required for each skill level and grade requirement within this specialty. Table 8.1., Manpower Table, shows 1999 authorization numbers and level where personnel are assigned. Table 8.2., Enlisted Career Path, shows the average enlisted career path.



OPTOMETRY AND OPHTHALMOLOGY TRAINING AND CAREER PROGRESSION

Figure 1-1. Optometry/Ophthalmology career progression.

8.1. Manpower Table.

Table 8.1. Manpower Table.									
	CMSgt	SMSgt	MSgt	TSgt	SSgt	SrA	A1C	Amn	AB
Base Level	1	4	9	27	40	79	86	0	0
MAJCOM Staff	1	0	0	0	0	0	0	0	0
HQ USAF Staff	0	0	0	0	0	0	0	0	0
FOA/DRU	1	0	1	0	0	0	0	0	0
Total	3	4	10	27	40	79	86	0	0

8.2. Enlisted Career Path.

Table 8.2. Enlisted Career Path				
Education and Training Requirements	GRADE REQUIREMENTS			
	Rank	Average Sew-On	Earliest Sew-On	High Year Of Tenure (HYT)
Basic Military Training school				
Apprentice Technical School (3-Skill Level)	Amn A1C	6 months 16 months		
Upgrade To Journeyman (5-Skill Level) - Minimum 15 months in upgrade training. (Note: Minimum 9 months for retrainees.) - Complete appropriate CDC if/when available.	SrA	3 years	28 months	10 Years
Airman Leadership School (ALS) - Must be a SrA with 48 months time in service or be a SSgt Selectee. - Resident graduation is a prerequisite for SSgt sew-on (Active Duty Only).	<u>Trainer</u> - ALS graduate. - Possess the same AFSC at a higher skill level than the trainee, and be certified to train others. - Must attend formal OJT Trainer Training and appointed by Commander.			
Upgrade To Craftsman (7-Skill Level) - Minimum rank of SSgt. - 18 months UGT. (Note: Minimum 12 months for retrainees.) - Complete appropriate CDC if/when available. - Advanced Technical School.	SSgt	7.5 years	3 years	20 Years
	<u>Certifier</u> - Possess at least a 5-skill level in the same AFSC, if possible but not required. - Attend formal OJT Certifier Course and appointed by Commander. - Must be trained and certified on tasks to be certified. - Be a person other than the trainer.			
Noncommissioned Officer Academy (NCOA) - Must be a TSgt or TSgt Selectee. - Resident graduation is a prerequisite for MSgt sew-on (Active Duty Only).	TSgt MSgt	12.5 years 16 years	5 years 8 years	20 Years 24 Years
USAF Senior NCO Academy (SNCOA) - Must be a SMSgt or SMSgt Selectee. - Resident graduation is a prerequisite for CMSgt sew-on (Active Duty Only).	SMSgt	19.2 years	11 years	26 Years

Upgrade To Superintendent (9-Skill Level) - Minimum rank of SMSgt. - Must be a graduate of SNCOA (Active Duty Only).	CMSgt	21.5 years	14 years	30 Years
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Section C - Skill Level Training Requirements

9. Purpose. Skill level training requirements in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level (including shreadout A, Ophthalmology) in broad, general terms and establishes the mandatory requirements for entry, award and retention of each skill level. The specific task and knowledge training requirements are identified in the STS (Part II), Sections A and B of this CFETP.

10. Specialty Qualification:

10.1. Apprentice Level Training:

10.1.1. Specialty Qualification.

10.1.1.1. **Knowledge.** Knowledge is mandatory of ocular anatomy; ophthalmic medications; visual physiology; ocular disorders; optics; use and maintenance of ophthalmic instruments and testing equipment; othphalmic and medical regulations; medical terminology; optometric technology; asepsis; ocular referrals and emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function. For shreadout A, knowledge is mandatory of surgical instruments, and equipment; ophthalmic injectable medications; anesthetic solutions; and ocular disorders.

10.1.1.2. **Education.** For entry into this specialty, completion of high school courses in algebra, geometry, trigonometry, physics, biology, anatomy and physiology is desirable.

10.1.1.3. **Training.** For award of AFSC 4V031, completion of a basic Optometry course is mandatory. For award of AFSC 4V031A, completion of the resident Air Force surgical course (Phase I) is mandatory.

10.1.1.4. **Experience.** For AFSC 4V031, no prior experience is mandatory for award of the 3-skill level. Trainees are required to satisfy the specified subject and task knowledge training requirements according to column 4A of the STS.

10.1.1.5. **Other.** The following are mandatory for entry, award, and retention of AFSCs 4V0X1/X1A:

Vision corrected to at least 20/30 in each eye.

No detectable central scotoma in either eye.

For entry into suffix A, prior qualification in and possession of AFSC 4V051/71.

10.1.2. **Training Sources and Resources.** For AFSC 4V031, completion of the optometry apprentice course at Sheppard AFB TX satisfies the knowledge and training requirements specified in the specialty qualification section (above). For AFSC 4V031A, completion of the

resident Air Force surgical course (Phase I) at Sheppard AFB TX satisfies the knowledge and training requirements specified in the specialty qualification section (above).

10.1.3. Implementation. Entry into AFSC 4V031, initial skills training is accomplished by pipeline students from basic training or by approved retraining from any AFSC at the 5-skill level or higher (or 3-skill level, if no 5-skill level exists) and must be in the grade of E-4 or higher. Entry into AFSC 4V031A, Air Force surgical skills training (Phase I) is accomplished by retrainees in the rank of SrA thru MSgt from AFSC 4V051/71. After graduation, job qualification training starts when an airman is assigned to their first duty position. Thereafter, it is initiated anytime an airmen is assigned duties that they are not qualified to perform.

10.2. Journeyman Level Training:

10.2.1 Specialty Qualification.

10.2.1.1. Knowledge. Knowledge is mandatory of ocular anatomy; ophthalmic medications; visual physiology; ocular disorders; optics; use and maintenance of ophthalmic instruments and testing equipment; ophthalmic and medical regulations; medical terminology; optometric technology; asepsis; ocular referrals and emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function. For shredout A, knowledge is mandatory of surgical instruments, and equipment; ophthalmic injectable medications; anesthetic solutions; and ocular disorders.

10.2.1.2. Education. Completion of continuation education classes in ophthalmic subjects is desirable. Certification in related AFSC is highly desirable.

10.2.1.3. Training. For AFSC 4V051, completion of career development course (CDC) 4V051 is mandatory. For AFSC 4V051A, completion of CDC 4V051A is mandatory.

10.2.1.4. Experience. Qualification in and possession of AFSC 4V031/31A. Also, experience in caring for and treating patients, operating ophthalmic testing equipment such as lensometers, vision screening instruments, visual field measuring instruments, tonometers, and fitting optical and ophthalmic devices. Airmen must complete a minimum of 15 months in 5-skill level UGT. Completion of all CFETP/STS core tasks specified in Column 4B of all STS attachments for the assigned duty position.

10.2.1.5. Other. The following are mandatory for entry, award, and retention of AFSCs 4V0X1/X1A:

Vision corrected to at least 20/30 in each eye.

No detectable central scotoma in either eye.

For entry into suffix A, prior qualification in and possession of AFSC 4V051/71.

10.2.2. Training Sources and Resources. Completion of CDC 4V051 and CDC 4V051A satisfies the knowledge requirements specified in the specialty qualification for award of the 5-skill

level. The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using the current STS. A list of training courses is at Part II, Section C of this CFETP. Requests for qualified trainers and/or waivers should be directed to your base training manager.

10.2.3. Implementation. The 5-skill level is awarded when: (1) an individual possesses the 3-skill level and is in the rank of A1C or higher, (2) completes a minimum of 15 months in 5 level UGT, (3) completes the appropriate 5 level CDC, (4) completes all STS core tasks specified in column 1 of all STS attachments for the assigned duty position, and (5) be recommended by their supervisor according to AFI 36-2101, *Classifying Military Personnel (Officer and Airmen)*. Qualification training is initiated anytime an individual is assigned duties they are not qualified to perform.

10.3. Craftsman Level Training:

10.3.1. Specialty Qualification.

10.3.1.1. Knowledge. Knowledge is mandatory of ocular anatomy; ophthalmic medications; visual physiology; ocular disorders; optics; use and maintenance of ophthalmic instruments and testing equipment; ophthalmic and medical regulations; medical terminology; optometric technology; asepsis; ocular referrals and emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function. For shredout A, knowledge is mandatory of surgical instruments, and equipment; ophthalmic injectable medications; anesthetic solutions; and ocular disorders.

10.3.1.2. Education. Completion of continuation education classes in ophthalmic subjects is desirable. Completion of an Associate or CCAF degree in career field is highly encouraged.

10.3.1.3. Training. For AFSC 4V071/71A, completion of Career Development Course (CDC) 4V071/71A is mandatory.

10.3.1.4. Experience. Qualification in and possession of AFSC 4V051/51A. Also, experience performing or supervising ophthalmic functions such as caring for and treating patients, operating and maintaining ophthalmic testing equipment, and fitting optical and ophthalmic devices. Airmen must complete a minimum of 18 months in 7-skill level UGT. Completion of all CFETP/STS core tasks specified in Column 4C of all STS attachments for the assigned duty position and hold minimum rank of SSgt selectee.

10.3.1.5. Other. The following are mandatory for entry, award, and retention of AFSCs 4V0X1/X1A:

Vision corrected to at least 20/30 in each eye.

No detectable central scotoma in either eye.

For entry into suffix A, prior qualification in and possession of AFSC 4V051/71.

10.3.2. Training Sources and Resources. Completion of CDC 4V071/71A satisfies the knowledge requirements specified in the specialty qualification of award of the 7-skill level. The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using the current STS. A list of training courses is in Part II, Section C. Requests for qualified trainers and/or waivers should be directed to your base training manager.

10.3.3. Implementation. The 7-skill level is awarded when : (1) an individual possesses the 5-skill level and is in the rank of SSgt or higher, (2) completes a minimum of 18 months in 7 level UGT, (3) completes the 7 level CDC, (4) completes all STS core tasks specified in column 1 of all STS attachments for the assigned duty position, and (5) be recommended by their supervisor according to AFI 36-2101, *Classifying Military Personnel (Officer and Airmen)*.

10.4. Superintendent Level Training:

10.4.1 Specialty Qualification.

10.4.1.1. Knowledge. Knowledge is mandatory of ocular anatomy; ophthalmic medications; visual physiology; ocular disorders; optics; use and maintenance of ophthalmic instruments and testing equipment; ophthalmic and medical regulations; medical terminology; optometric technology; asepsis; ocular referrals and emergency medical treatment; patient transportation; medical ethics; medical administration; and medical service organization and function. For shredout A, knowledge is mandatory of surgical instruments, and equipment; ophthalmic injectable medications; anesthetic solutions; and ocular disorders.

10.4.1.2. Education. Completion of continuation education classes in ophthalmic subjects is desirable. A bachelor's degree in health related fields is highly encouraged.

10.4.1.3. Training. No formal training requirements.

10.4.1.4. Experience. Qualification and in possession of AFSC 4V071/71A. Experience managing ophthalmic activities.

10.4.1.5. Other. The following are mandatory for entry, award, and retention of AFSCs 4V0X1/X1A:

Vision corrected to at least 20/30 in each eye.

No detectable central scotoma in either eye.

For entry into suffix A, prior qualification in and possession of AFSC 4V051/71.

10.4.2. Implementation. The 9-skill level is awarded when: (1) an individual possesses the 7-skill level, is in the rank of SMSgt, and (2) is a graduate of the SNCOA. (This applies to active duty only.)

Section D - Resource Constraints

11. Purpose. This section identifies known resource constraints which preclude optimal/desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

12. Three Level Training: There are currently no resource constraints for 3 level training at this time. This area is reserved.

13. Five Level Training: There are currently no resource constraints for 5 level training at this time. This area is reserved.

14. Seven Level Training: There are currently no resource constraints for 7 level training at this time. This area is reserved.

15. Qualification Training: There are currently no qualification training requirements. This area is reserved.

16. Qualification Training Packages (QTPs). There are currently no qualification training packages. This area is reserved.

Section E. Transitional Training Guide

NOTE: There is currently no transitional training guide. This area is reserved.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

**PAUL K. CARLTON, Jr.
Lieutenant General, USAF, MC, CFS
Surgeon General**

Part II

Section A - Specialty Training Standard

1. Implementation. This STS is used for technical training provided by AETC for classes beginning 26 September 2000 and graduating 08 December 2000.

2. Purpose. As prescribed in AFI 36-2201, *Developing, Managing, and Conducting Training*, this STS:

2.1. Lists in Column 1 (Task, Knowledge, and Technical Reference) the most common tasks, knowledge, and technical references (TR) necessary for airmen to perform duties in the 3-, 5-, and 7-skill level. Numbers task statements sequentially (i.e., 1.1., 1.2., 2.1.). Lists Core Tasks (Column 2) identified by the letter **C** for optometry training requirements and the letter **S** for the A-shred, ophthalmology, training requirements. Lists Wartime Tasks (Column 2) identified by the letter **W**, which designate the training requirements for the resident wartime course.

2.2. Provides certification for OJT. Column 3 is used to record completion of tasks and knowledge training requirements. Use automated training management systems to document technician qualifications, if available. Task certification must show a certification/completed date.

2.3. Shows formal training and correspondence course requirements. Column 4 shows the proficiency to be demonstrated on the job by the graduate as a result of training on the task/knowledge and the career knowledge provided by the correspondence course. See CADRE/AFSC/CDC listing maintained by the unit training manager for current CDC listings. If the supervisor wants the trainee skilled at a higher level than indicated, additional qualification training must occur at the local level.

2.4. **Qualitative Requirements.** Attachment 1 contains the proficiency code key used to indicate the level of training and knowledge provided by resident training and career development courses.

2.4.1. Attachment 2 identifies common medical career field knowledge, medical readiness, specific OPSEC vulnerabilities, safety and health, and professional conduct common across 4V0X1/X1A duty positions.

2.4.2. Attachment 3 identifies general career field tasks and knowledge requirements common across 4V0X1/X1A duty positions.

2.4.3. Attachment 4 identifies specific ophthalmology career field tasks and knowledge requirements common across 4V0X1A duty positions.

2.4.4. Attachment 5 identifies overall supervision and management tasks and knowledge requirements common across 4V071/71A duty positions.

2.5. Becomes a job qualification standard (JQS) for on-the-job training when placed in AF Form 623, **On-The-Job Training Record**, and used according to AFI 36-2201. When used as a JQS, the following requirements apply:

2.5.1. **Documentation.** Document and certify completion of training. Identify duty position requirements by circling the subparagraph number next to the task statement. As a minimum, complete the following columns in Part 2 of the CFETP: Training Completed, Trainee Initials, Trainer Initials, Certifier Initials (if applicable). An AFJQS may be used in lieu of Part II of the CFETP only upon approval of the AFCFM. **NOTE:** The AFCFM may supplement these minimum documentation procedures as needed or deemed necessary for their career field. Refer to Section F at the end of this CFETP for training documentation (medical specific).

2.5.1.1. **Converting from Old Document to CFETP.** Use the new CFETP to identify and certify all past and current qualifications IAW AFMANs 36-2245 and 36-2247. For those core critical tasks previously certified and required in the current duty position, evaluate current qualifications and, when verified, recertify using current date as completion date, and enter trainee's and certifier's initials. Remember, during the transcription process no training is taking place. Therefore, the trainer's initials are not required. For non-core and non-critical tasks previously certified and required in the current duty position, evaluate current qualifications and, when verified, recertify using current date, as completion date and enter trainee's and trainer's initials. When transcribing previous certification for tasks not required in the current duty position, carry forward only the previous completion date of certification (not the initials of another person). If and when transcribed tasks become duty position requirements, recertify using standard certification procedures. The person whose initials appear in the trainer or certifier block during the transcription process must meet the requirements of their respective roles. Upon completion of the transcription process, give the old CFETP to the member.

2.5.1.2. **Documenting Career Knowledge.** When a CDC is not available: the supervisor identifies STS training references that the trainee requires for career knowledge and ensures, as a minimum that trainees cover the mandatory items in AFI 36-2108, *Airman Classification*. For two-time CDC course exam failures, supervisors identify all STS items corresponding to the areas covered by the CDC. The trainee completes a study of STS references, undergoes evaluation by the task certifier, and receives certification on the STS. **NOTE:** Career Knowledge must be documented prior to submitting a CDC waiver.

2.5.1.3. **Decertification and Recertification.** When an airman is found to be unqualified on a task previously certified for his or her position, the supervisor lines through the previous certification or deletes previous certification when using an automated system. Appropriate remarks are entered on the AF Form 623A, **On-The-Job Training Record Continuation Sheet**, as to the reason for decertification. The individual is recertified (if required) either by erasing the old entries and writing in the new, or by using correction fluid (if the entries were made in ink) over the previously certified entry.

2.5.2. Training Standard. Tasks are trained and qualified to the go/no go level. Go means the individual can perform the task without assistance and meet local demands for accuracy, timeliness, and correct use of procedures.

2.6. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career fields. The SKTs measure knowledge of STS subject matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the WAPS catalog.

Individual responsibilities are in chapter 14 of AFI 36-2606, *US Air Force Reenlistment, Retention, and NCO Status Programs* (formerly AFR 35-16, volume 1). WAPS is not applicable to the Air National Guard.

3. Recommendations. Report unsatisfactory performance of individual course graduates to

3.1. [The following address:](#)

882 TRG/TGE
939 MISSILE ROAD
SHEPPARD AFB TX 76311-2245

3.2. A **Customer Service Information Line** has been installed for the supervisor's convenience to identify graduates who may have been over or under trained on tasks/knowledge items listed in this training standard (please reference specific STS paragraphs). For a quick response to problems, call our Customer Service Information Line, Defense Switched Network (DSN) 736-2385, or commercial (940) 676-2385.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

PAUL K. CARLTON, Jr.
Lieutenant General, USAF, MC, CFS
Surgeon General

5 Attachments:

1. Proficiency Code Key.
2. Common Medical Career Field 4V0X1/X1A Tasks.
3. General 4V0X1/X1A Tasks.
4. Specific Ophthalmology 4V0X1A Tasks.

5. Supervisor/Manager 4V071/71A Tasks.

Proficiency Code Key, Attachment 1

<i>This Block Is For Identification Purposes Only</i>		
Name Of Trainee		
Printed Name (<i>Last, First, Middle Initial</i>)	Initials (Written)	SSAN
Printed Name Of Certifying /Training Official And Written Initials		
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
	Scale Value	The Individual
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (Extremely Limited).
	2	Can do most parts of the task. Needs help only on the hardest parts. (Partially Proficient)
	3	Can do all parts of the task. Needs only a spot check of completed work. (Competent)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (Highly Proficient)
(Note 1) Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (Nomenclature)
	b	Can determine step by step procedures for doing the task. (Procedures)
	c	Can identify why and when the task must be done and why each step is needed. (Operating Principles)
	d	Can predict, isolate, and resolve problems about the task. (Advanced Theory)
(Note 2) Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (Facts)
	B	Can identify relationship of basic facts and state general principles about the subject. (Principles)
	C	Can analyze facts and principles and draw conclusions about the subject. (Analysis)
	D	Can evaluate conditions and make proper decisions about the subject. (Evaluation)
Explanations		
<p>Note 1 - A task knowledge scale value may be used with a task performance scale value to define a level of knowledge for a specific task (Example: b or 1b).</p> <p>Note 2 - A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.</p> <p>A dash (-) mark is used in proficiency code columns to show that no training is provided in the course or CDC.</p> <p>X - This mark is used in proficiency code columns to show that training is required but was not given due to limitations in resources.</p>		

STS 4V0X1/X1A

NOTE 1: Users are responsible for annotating training references to identify current references pending STS revision.

NOTE 2: Training references shown in the source summary are commercial publications or other service publications considered essential for OJT and mission accomplishment and are referenced by title and applicable pages throughout this STS. The unit OJT section will consolidate the requirements for the unit they support and will order the publications through the hospital/clinic library activity.

NOTE 3: Initial training in paragraph 3 of this STS is provided in Course J3ATR40030 - 002, Basic Medical Readiness. Continuation/On-going medical readiness training for individuals is the responsibility of each Medical Treatment Facility (MTF) (see AFI 41-106, Medical Readiness Planning and Training).

NOTE 4: Items in STS paragraphs 19 through 28, identified under the “AF surgical course” column 4a, are trained at the Air Force surgical services apprentice course (J3ALR4V031A-001, PDS Code 9CI), Sheppard AFB, TX.

NOTE 5: Items in the “Core/Wartime Task” column 2 marked with a **C** (optometry) or **S** (ophthalmology) are *core tasks*. Items marked with a **W** are the tasks/knowledge trained in the *resident wartime course*.

1. Tasks, Knowledge, And Technical References	2. Core/War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level	B 5 Skill Level	C 7 Skill Level	
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
1. CAREER LADDER PROGRESSION TR: AFIs 36-2101, 44-102; AFMAN 36-2108										
1.1. Airman career paths and educational opportunities for AFSC 4V0X1/X1A							A	–	B	–
1.2. Progression in career paths for AFSC 4V0X1/X1A							A	–	B	–
1.3. Duties of AFSC 4V0X1/X1A										
1.3.1. AFSC 4V031/31A							A	–	B	–
1.3.2. AFSC 4V051/51A							A	–	B	–
1.3.3. AFSC 4V071/71A							A	–	B	–
1.3.4. AFSC 4V090							A	–	B	–

Common Medical Career Field 4V0X1/X1A Tasks, Attachment 2

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
1.3.5. CEM 4V000							A	—	B	—
2. OBJECTIVE MEDICAL GROUP TR: AFI 36-2238, 41-115, 41-210, 46-101; AFI 38-101										
2.1. Mission							A	—	B	—
2.2. Organization							A	—	B	—
2.3. Function							A	—	B	—
3. MEDICAL READINESS (Initial Medical Readiness Training, directed by AFI 41-106, is provided in the Basic Medical Readiness course conducted at the 882d Training Group, Sheppard AFB, TX. Completed training is documented on the back of AF Form 1256, for each course graduate. (Continuing/on-going Medical Readiness Training for individuals is the responsibility of each medical facility)										
4. SPECIFIC OPERATIONS SECURITY (OPSEC) VULNERABILITIES OF AFSC 4V0X1/X1A TR: AFI 10-1101							A	—	B	—
5. AF OCCUPATIONAL SAFETY AND HEALTH (AFOSH) PROGRAM TR: AFI 91-301										
5.1. Principles of general safety	W						A	—	B	—
5.2. Hazards of AFSC 4V0X1 and AFSC 4V0X1A							A	—	B	—
5.3. Accident reporting							A	—	B	—

Common Medical Career Field 4V0X1/X1A Tasks, Attachment 2

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
5. AF OCCUPATIONAL SAFETY AND HEALTH (AFOSH) PROGRAM (CONTINUED)										
5.4. Purpose of the vision conservation program TR: AFJI 44-117, and AFI 91-301							A	—	B	—
6. PROFESSIONAL AND PATIENT RELATIONS TR: AFI 44-102; <u>The Ophthalmic Assistant</u> (ch 6 and 28)										
6.1. Professional relations with patients and medical personnel							A	—	B	—
6.2. Professional standards of ethics							A	—	B	—
6.3. Customer service										
6.3.1. AFMS customer service standards							A	—	—	—
6.3.2. Identification of key AFMS customers							A	—	—	—
6.3.3. Practice customer care basics										
6.3.3.1. Listening techniques							b	—	—	—
6.3.3.2. Face-to-face contact (non verbal communication)							b	—	—	—
6.3.3.3. Telephone etiquette							b	—	—	—
6.3.3.4. Initiating appropriate response in dealing with difficult customers							b	—	—	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
7. CLINIC ADMINISTRATION TR: AFI 37-160V7, 41-102, 44-119; AFI 37-139										
7.1. Publications										
7.1.1. Locate required information in official and commercial publications	S						a	—	b	—
7.1.2. Maintain publication files							—	—	b	—
7.1.3. Maintain administrative files							—	—	b	—
7.2. Establish Clinic Operating Instructions (OIs)							—	—	b	c
7.3. Brief patients on clinic policies							—	—	—	—
7.4. Schedule appointments through Composite Health Care System (CHCS)	C/S						b	—	—	—
7.5. Management of medical records	W						A	—	B	—
7.6. Referral/Consult system							A	—	B	—
7.7. Patient accounting							A	—	B	—
7.8. Maintain supply of clinic forms							b	—	c	—
7.9. Third party liability program							A	—	—	—
7.10. Maintain ophthalmic medications	C/W						a	—	—	—
8. TRICARE/DoD MANAGED CARE										
8.1 TRICARE/DoD Managed Care Terminology							A	—	—	—
8.2 Health Care Systems:										

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
8.2.1. Components of Military Health Systems (MHS)							A	—	—	—
8. TRICARE/DoD MANAGED CARE (CONTINUED)										
8.2.2. Health care benefits options							A	—	—	—
8.3. Primary care provider/manager/team responsibilities							A	—	—	—
9. MEDICAL MATERIEL PROCEDURES TR: AFI 23-220; AFJMAN 23-210										
9.1. Air Force accountability							A	—	B	—
9.2. Property custodian duties: (equipment and supplies)										
9.2.1 Review and maintain equipment and supply documents							—	—	—	b
9.2.2. Prepare requests for issue/turn-in of medical equipment and supplies	S						—	—	—	b
9.2.3. Inventory and maintain equipment and supplies							—	—	—	b
9.3. Perform instrument user maintenance	C/S/W						a	—	—	—
10. BASIC OPTICS TR: <u>The Ophthalmic Assistant</u> (ch 3); <u>Professional Dispensing for Opticianry</u> (ch 12 and 13)										
10.1. Use optometric math	C/S/W						2b	—	c	—
10.2. Theories on propagation of light							A	—	B	—
10.3. Wavelength							A	—	B	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
10.4. Reflection							A	—	B	—
10.5. Refraction							A	—	B	—
10. BASIC OPTICS (CONTINUED)										
10.6. Polarization							A	—	B	—
10.7. Absorption							A	—	B	—
10.8. Emission							A	—	B	—
11. OPHTHALMIC OPTICS TR: <u>The Ophthalmic Assistant</u> (ch 3, 9 and 12); <u>General Ophthalmology</u> (ch 20)										
11.1. Ophthalmic Lenses										
11.1.1. Types							A	—	B	—
11.1.2. Refractive qualities							A	—	B	—
11.1.3. Aberrations and their correction							A	—	B	—
11.2. Calculate prismatic effect										
11.2.1. Spherical Lenses	C/W						2b	—	c	—
11.2.2. Spherocylindrical Lenses							—	—	b	—
11.3. Measure vertex distance (effective power)							a	—	b	—
11.4. Calculate spherical equivalents	C/W						2b	—	c	—
11.5. Transpose cylinder forms	C/S/W						2b	—	c	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
11.6. Convert multi-focal Rx to single vision	C/W						2b	—	c	—

12. ANATOMY AND PHYSIOLOGY OF THE VISUAL SYSTEM TR: <u>The Ophthalmic Assistant</u> (ch 1, 2, 5, and 32)										
12.1. The bony orbit							A	—	B	—
12.2. The extraocular muscles										
12.2.1. Origin/insertion	W						A	—	B	—
12.2.2. Action	W						A	—	B	—
12.2.3. Innervation	W						A	—	B	—
12.2.4. Ocular motility	W						A	—	B	—
12.3. The eyeball	W						A	—	B	—
12.4. The adnexa	W						A	—	B	—
12.5. The visual-pupillary pathway	W						A	—	B	—
13. OCULAR DISORDERS TR: <u>The Ophthalmic Assistant</u> (ch 18-22)										
13.1. External ophthalmic conditions and disorders										
13.1.1. Inflammation of lid margins	W						A	—	B	—
13.1.2. Hordeolum	W						A	—	B	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
13.1.3. Chalazion	W						A	—	B	—
13.1.4. Ptosis	W						A	—	B	—
13.1.5. Orbital cellulitis	W						A	—	B	—
13. OCULAR DISORDERS (CONTINUED)										
13.1.6. Epiphora	W						A	—	B	—
13.1.7. Conjunctivitis	W						A	—	B	—
13.1.8. Pterygium	W						A	—	B	—
13.1.9. Pterygium	W						A	—	B	—
13.1.10. Corneal ulcer	W						A	—	B	—
13.1.11. Keratitis	W						A	—	B	—
13.1.12. Keratoconus	W						A	—	B	—
13.1.13. Tumors	W						A	—	B	—
13.2. Infections of the eye										
13.2.1. Bacteria										
13.2.1.1. Staphylococcus							A	—	B	—
13.2.1.2. Streptococcus							A	—	B	—
13.2.1.3. Gonococcus							A	—	B	—
13.2.1.4. Hemophilus aegyptius							A	—	B	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
13.2.1.5. Pseudomonas aeruginosa							A	—	B	—
13.2.2. Viruses										
13.2.2.1 Herpes simplex							A	—	B	—
13. OCULAR DISORDERS (CONTINUED)										
13.2.2.2. Adenovirus							A	—	B	—
13.2.2.3. HIV							A	—	B	—
13.2.3. Fungal							A	—	B	—
13.3. Internal ophthalmic conditions and disorders										
13.3.1. Iritis	W						A	—	B	—
13.3.2. Iridocyclitis							—	—	B	—
13.3.3. Uveitis							—	—	B	—
13.3.4. Optic neuritis							—	—	B	—
13.3.5. Retinitis Pigmentosa							A	—	B	—
13.3.6. Papilledema							—	—	B	—
13.3.7. Vascular retinopathy							—	—	B	—
13.3.8. Cataracts	W						A	—	B	—
13.3.9. Chorioretinitis							—	—	B	—
13.3.10. Vitreous degeneration							A	—	B	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
13.3.11. Tumors							A	—	B	—
13.3.12. Chronic open angle glaucoma							A	—	B	—

13. OCULAR DISORDERS (CONTINUED)										
13.4. Acute ophthalmic injuries, disorders, and diseases TR: <u>The Ophthalmic Assistant</u> (ch 18-22); <u>General Ophthalmology</u> (ch 14, 19, and 20)										
13.4.1. Foreign bodies	W						A	—	B	—
13.4.2. Corneal abrasions	W						A	—	B	—
13.4.3. Thermal burns	W						A	—	B	—
13.4.4. Chemical burns	W						A	—	B	—
13.4.5. Radiant energy	W						A	—	B	—
13.4.6. Laceration of lids	W						A	—	B	—
13.4.7. Blunt nonperforating injuries	W						A	—	B	—
13.4.8. Perforating injuries	W						A	—	B	—
13.4.9. Fractures of the bony orbit	W						A	—	B	—
13.4.10. Central retinal artery and vein occlusion	W						A	—	B	—
13.4.11. Acute angle closure glaucoma	W						A	—	B	—
13.4.12. Hyphema	W						A	—	B	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
13.4.13. Proptosis	W						A	—	B	—
13.4.14. Retinal detachment	W						A	—	B	—
13.5. Ocular migranes	W						A	—	B	—
14. OCULAR PHYSIOLOGY TR: <u>The Ophthalmic Assistant</u> (ch 2, 8, and 10)										
14.1. Visual acuity	W						A	—	B	—
14.2. Refractive status of the eye	W						A	—	B	—
14.3. Accommodation	W						A	—	B	—
14.4. Presbyopia	W						A	—	B	—
14.5. Depth perception	W						A	—	B	—
14.6. Color vision	W						A	—	B	—
14.7. Night vision	W						A	—	B	—
15. ASSISTING THE HEALTH CARE PROVIDER TR: AFI 48-123; <u>The Ophthalmic Assistant</u> (ch 7,9-11, 16,17,22,24,25,32 and 33); <u>General Ophthalmology</u> (ch 2)										
15.1. Review patient ocular and medical history							a	—	b	—
15.2. Obtain case history	C/S/W						2b	—	c	—
15.3. Use the Vision Test Apparatus – Near and Distant (VTA-ND)							2b	—	—	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
15.4. Visual acuity testing										
15.4.1. Measure distant visual acuity	C/S/W						2b	—	c	—
15.4.2. Measure near visual acuity	C/W						2b	—	c	—
15. ASSISTING THE HEALTH CARE PROVIDER (CONTINUED)										
15.4.3. Perform pinhole disc test	C/S/W						2b	—	c	—
15.5. Ocular motility and alignment tests										
15.5.1. Perform extraocular motility testing (Diagnostic H)	C/S/W						2b	—	c	—
15.5.2. Perform cover test							2b	—	c	—
15.5.3. Measure near point of convergence							—	—	—	—
15.5.4 Administer Worth 4-Dot test							—	—	—	—
15.5.5. Perform the red lens test							2b	—	c	—
15.6. Color vision tests										
15.6.1. Administer Pseudoisochromatic plates (VTS-CV) test	C/S/W						2b	—	c	—
15.6.2. Administer Farnsworth D-15 Hue test	C						2b	—	c	—
15.7. Stereopsis tests										
15.7.1 Perform Verhoeff (DPA-V) test							—	—	—	—
15.7.2. Perform Titmus Stereo test	C/W						2b	—	c	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
15.8. Perform pupillary reflex test to include swinging flashlight test	C/S/W						2b	—	c	—
15.9. Perform accommodation test (Prince Rule)							—	—	—	—
15.10. Perform Schirmer tear test							a	—	b	—
15. ASSISTING THE HEALTH CARE PROVIDER (CONTINUED)										
15.11. Operate autorefractor							2b	—	c	—
15.12. Principles of Refractometry							—	—	—	B
15.13. Measure blood pressure	C/W						2b	—	c	—
15.14. Laser eye exams TR: AFOSHSTD 161-10	W						A	—	B	—
15.15. Operate slit lamp							a	—	b	—
15.16. Tonometry										
15.16.1. Perform noncontact tonometry (NCT)	C/W						2b	—	c	—
15.16.2. Perform applanation tonometry	S						a	—	b	—
15.16.3. Perform Tono-Pen tonometry	S/W						2b	—	—	—
15.17. Visual field testing										
15.17.1. Perform Amsler grid test	C/S/W						2b	—	c	—
15.17.2. Perform confrontation fields	C/W						a	—	b	—
15.17.3. Operate automated visual field analyzer	C/S/W						2b	—	c	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
15.17.4. Principles of automated visual field results							—	—	B	B
15.18. Photograph the eye using										
15.18.1. External ocular photography							—	—	b	—
15. ASSISTING THE HEALTH CARE PROVIDER (CONTINUED)										
15.18.2. Fundus photography	C/S						2b	—	c	—
15.18.3. Anterior segment photography							—	—	b	—
15.19. Operate Keratometer										
15.19.1. Automated							2b	—	—	—
15.19.2. Manual	S						b	—	—	—
15.20. Corneal topography							A	—	—	—
15.21. Apply eye patches										
15.21.1. Pressure patches	C/S/W						2b	—	c	—
15.21.2. Loose dressings							2b	—	—	—
15.22. Perform eye irrigations	C/S/W 2b						a	—	b	—
15.23. Instill ophthalmic medications	C/S/W						2b	—	c	—
16. PRACTICE ASEPTIC TECHNIQUES TR: <u>The Ophthalmic Assistant</u> (chp 25)	C/S/W						2b	—	c	—

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
17. OCULAR PHARMACOLOGY TR: <u>The Ophthalmic Assistant</u> (ch 4, 25, and 26)										
17.1. General principles of ocular pharmacology										
17.1.1. Tolerance							–	–	A	–
17. OCULAR PHARMACOLOGY (CONTINUED)										
17.1.2. Tonicity							–	–	A	–
17.1.3. Sterility							–	–	A	–
17.1.4. Stability							–	–	A	–
17.1.5. Penetration							–	–	A	–
17.1.6. Subconjunctival injections							–	–	A	–
17.1.7. Continuous release delivery							–	–	A	–
17.1.8. Retrobulbar injections							–	–	A	–
17.1.9. Systemic administration							–	–	A	–
17.2. Complications of locally administered drugs										
17.2.1. Allergic reaction	W						A	–	B	–
17.2.2. Toxic reaction							–	–	B	–
17.3. Autonomic drugs										
17.3.1. Sympathetic drugs							–	–	A	–

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
17.3.2. Parasympathetic drugs							–	–	A	–
17.4. Mydriatic agents and side effects	W						A	–	B	–
17.5. Dilation reversal agents and side effects	W						A	–	B	–
17.6. Cycloplegic agents and side effects	W						A	–	B	–
17. OCULAR PHARMACOLOGY (CONTINUED)										
17.7. Anti-glaucoma agents and side effects	W						A	–	B	–
17.8. Anesthetics and side effects										
17.8.1. Topical	W						A	–	B	–
17.8.2. Injectable							–	–	B	–
17.9. Anti-allergic agents and side effects	W						A	–	B	–
17.10. Anti-inflammatory agents and side effects	W						A	–	B	–
17.11. Anti-infective agents and side effects										
17.11.1. Antibiotics	W						A	–	B	–
17.11.2. Antiviral	W						A	–	B	–
17.11.3. Antifungal	W						A	–	B	–
17.11.4. Steroid-Antibiotic combinations	W						A	–	B	–
17.12. Dry eye products	W						A	–	B	–
17.13. Vitamin and mineral supplements							A	–	B	–

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
17.14. Stains										
17.14.1. Fluorescein	W						A	—	B	—
17.14.2. Rose Bengal	W						A	—	B	—
18. ORDERING AND DISPENSING SPECTACLES TR: AFJI 44-117; <u>Professional Dispensing for Opticians</u> (Ch 3-6, 8-10, and 18); <u>Ophthalmic Assistant</u> (ch 8, and 12)										
18.1. Frame availability (types)	W						B	—	—	—
18.2. Lens availability (types)										
18.2.1. Standard	W						B	—	—	—
18.2.2. Special purpose	W						B	—	—	—
18.3. Frame selection										
18.3.1. Determine frame size	C/W						2b	—	c	—
18.3.2. Measure interpupillary distance (P. D.)										
18.3.2.1. Using P.D. ruler	C/W						2b	—	c	—
18.3.2.2. Using pupillometer							2b	—	c	—
18.3.3. Measure segment height (bifocal and trifocal)	C/W						2b	—	c	—
18.3.4. Fit gas mask inserts	C/W						2b	—	c	—
18.4. Order spectacles										

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
18.4.1. Prepare spectacle orders manually	C/W						2b	—	c	—
18.4.2. Prepare spectacle orders using SRTS	C/W						2b	—	—	—
18.4.3. Justification required for special optical devices	W						A	—	B	—
18. ORDERING AND DISPENSING SPECTACLES (CONTINUED)										
18.4.4. Manually maintain spectacle prescription logbook	C/W						b	—	—	—
18.5. Lensometry										
18.5.1. Neutralize lenses using a manual lensometer	C/S/W						2b	—	c	—
18.5.2. Neutralize lenses using an automated lensometer							2b	—	—	—
18.6. Verify spectacles	C/W						2b	—	c	—
18.7. Duplicate/reorder spectacle lenses	C/W						2b	—	c	—
18.8. Repair spectacles	C/S/W						2b	—	c	—
18.9. Adjust spectacles	C/S/W						2b	—	c	—
18.10. Solve fitting problems with flight optical equipment	C/W 2b						a	—	b	—
18.11. Dispensing spectacles							a	—	—	—
18.12. Measure base curves							2b	—	c	—
19. CONTACT LENS PROCEDURES TR: <u>The Ophthalmic Assistant</u> (ch 9, and 13-15)										

General 4V0X1/X1A Tasks, Attachment 3

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
19.1. Characteristics of contact lenses	W						A	—	B	—
19.2. Insert contact lenses	C/S/W						2b	—	c	—
19.3. Remove contact lenses	C/S/W						2b	—	c	—
19. CONTACT LENS PROCEDURES (CONTINUED)										
19.4. Instruct patient on contact lens wear and care	C/W						2b	—	c	—
19.5. Order contact lenses							a	—	b	—
19.6. Maintain contact lens diagnostic fitting sets							a	—	b	—
19.7. Management of contact lens program							—	—	A	B
19.8. Use radiuscope							a	—	b	—
19.9. Verify contact lens parameters							a	—	b	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
20. OPHTHALMOLOGY SPECIALTY - SAFETY IN THE SURGICAL ENVIRONMENT TR: AFI 36-2238, 41-102, 41-203, 41-210, 41-211, 46-101, 91-202, 91-301; AFJI 23-207; AFPAM 41-215; Joint Commission on Accreditation of Health Care Organizations (JCAHO), <u>Comprehensive Accreditation Manual for Hospitals</u> (current); National Fire Protection Association, <u>NFPA 99: Health Care Facilities; Surgical Technology: Principles and Practices; AORN Standards and Recommended Practices</u> (current); <u>Principles and Methods of Sterilization in Health Sciences; Alexander's Care of the Patient in Surgery</u>										
20.1. General hospital safety guidelines TR: AFI 91-301							—	A	—	—
20.2. Practice fire safety in the operating room TR: AFI 91-301; National Fire Association, <u>NFPA 99: Health Care Facilities, 1984</u>	W						—	A	—	—
20.3. Apply principles of Air Force Occupational Safety, Fire Prevention and Health (AFOSH) Program TR: AFI 91-301										
20.3.1. Program purpose							—	A	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
20.3.2. AFOSH standards for medical facilities							—	A	—	—
20. OPHTHALMOLOGY SPECIALTY - SAFETY IN THE SURGICAL ENVIRONMENT (CONTINUED)										
20.3.3. AFOSH standards for surgery and related areas							—	A	—	—
20.4. Safely handle surgical instruments and supplies TR: AFPAM 41-215; <u>Surgical Technology: Principles and Practice</u>										
20.4.1. Sharp instruments	S						—	2b	—	—
20.4.2. Blades	S						—	2b	—	—
20.4.3. Needles	S						—	2b	—	—
20.4.4. Glassware	S						—	2b	—	—
20.5. Safe use of electrical equipment TR: AFIs 41-203; 91-301; National Fire Protection Association, <u>NFPA 99: Health Care Facilities; Surgical Technology: Principles and Practices</u>							—	A	—	—
20.6. Grounding and electrical power systems TR: AFIs 41-203; 91-301; National Fire Protection Association, <u>NFPA 99: Health Care Facilities; Alexander's care of the Patient in Surgery</u>										

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
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		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
20.6.1. Equipotential grounding systems							—	—	—	—
20. OPHTHALMOLOGY SPECIALTY - SAFETY IN THE SURGICAL ENVIRONMENT (CONTINUED)										
20.6.2. Isolation power systems							—	—	—	—
20.6.3. Emergency power systems							—	A	—	—
20.7. Compressed gases TR: AFI 91-301; National Fire Protection Association, <u>NFPA 99: Health Care Facilities, 1984</u>										
20.7.1. Storage							—	A	—	—
20.7.2. Handling							—	1a	—	—
20.7.3. In-line medical gases							—	A	—	—
20.8. Caustic and corrosive chemicals TR: AFP 160-9; AFI 91-301; <u>Surgical Technology: Principles and Practice</u>										
20.8.1. Hazard Communication Program (HAZCOM)							—	A	—	—
20.8.2. Ethylene oxide							—	a	—	—
20.8.3. Methyl methacrylate							—	A	—	—
20.8.4. Chemical disinfectants/sterilants	W						—	1b	—	—
20.8.5. Formalin							—	A	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

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		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC

20. OPHTHALMOLOGY SPECIALTY - SAFETY IN THE SURGICAL ENVIRONMENT (CONTINUED)										
20.9. Diagnostic equipment TR: AFIs 41-203; 91-301; <u>Surgical Technology: Principles and Practice</u> ; <u>AORN Standards and Recommended Practices</u> (current edition)										
20.9.1. Radiographic (X-ray) equipment							–	A	–	–
20.9.2. Fluoroscopic (X-ray) equipment							–	A	–	–
20.10. Drugs and Solutions TR: AFP 160-9; AFI 91-301; <u>Surgical Technology: Principles and Practice</u>	W						–	2b	–	–
20.11. Identify and transport blood and blood products TR: <u>Alexander's Care of the Patient in Surgery</u>	W						–	2b	–	–
20.12. Sterilizers TR: AFP 160-9; <u>Principles and Methods of Sterilization in Health Sciences</u> ; <u>Surgical Technology: Principles and Practice</u>										

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
20.12.1. Steam	W						—	2b	—	—
20.12.2. Ethylene oxide							—	a	—	—
20.12.3. Chemical							—	A	—	—
20. OPHTHALMOLOGY SPECIALTY - SAFETY IN THE SURGICAL ENVIRONMENT (CONTINUED)										
20.13. Perform operator preventive maintenance on O.R. equipment										
20.13.1. Medical	W						—	1a	—	—
20.13.2. Nonmedical							—	—	—	—
20.14. Medical facility safety programs										
20.14.1. Report accidents/incidents							—	A	—	—
20.14.2. Report and abate hazards							—	A	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

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		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
21. OPHTHALMOLOGY SPECIALTY - PROFESSIONAL AND PATIENT RELATIONSHIPS IN SURGICAL ENVIRONMENT TR: AFIs 36-2238, 41-115, 41-210, 44-102, 44-119, 46-101,; <u>Surgical Technology: Principles and Practice</u> ; Joint Commission on Accreditation of Health Care Organizations (JCAHO), <u>Accreditation Manual for Hospitals</u> (current); <u>AORN Standards and Recommended Practices for Perioperative Nursing</u> (current)										
21.1. Role and qualifications of surgical team members										
21.1.1. Surgeon	W						–	A	–	–
21. OPHTHALMOLOGY SPECIALTY – PROFESSIONAL AND PATIENT RELATIONSHIPS IN SURGICAL ENVIRONMENT (CONTINUED)										
21.1.2. Surgeon's assistant	W						–	A	–	–
21.1.3. Anesthesiologists	W						–	A	–	–
21.1.4. Nurse anesthetists	W						–	A	–	–
21.1.5. Operating room nurses	W						–	A	–	–
21.1.6. Surgical service apprentice/journeyman/craftsman	W						–	A	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

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		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
21.2. Promote professional relationships with patients and medical personnel										
21.2.1. Interpersonal relationships	W						–	A	–	–
21.2.2. Effective communications	W						–	A	–	–
21.2.3. Stress management	W						–	A	–	–
21.2.4. Patient sensitivity	W						–	A	–	–
21.2.5. Emotional support for patient and significant others							–	A	–	–
21.3. Practice medical ethics										
21.3.1. Standards of conduct for patient care	W						–	A	–	–
21.3.2. Patient rights and responsibilities	W						–	A	–	–
21. OPHTHALMOLOGY SPECIALTY – PROFESSIONAL AND PATIENT RELATIONSHIPS IN SURGICAL ENVIRONMENT (CONTINUED)										
21.3.3. Surgical conscience	W						–	A	–	–
21.3.4. Death and dying	W						–	A	–	–
21.4. Legal aspects of surgical nursing										
21.4.1. Medical-legal terminology							–	–	–	–
21.4.2. Common negligent acts							–	A	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
21.4.3. Medical-legal policies in the Air Force										
21.4.3.1. Federal Tort Claims Act (Intentional torts)							–	A	–	–
21.4.3.2. Feres Doctrine							–	A	–	–
21.4.4. Legal responsibilities							–	A	–	–
21.5. Identify and apply the role in										
21.5.1. Quality Improvement							–	A	–	–
21.5.2. Risk Management							–	A	–	–
22. OPHTHALMOLOGY SPECIALTY - MEDICAL LOGISTICS/RESOURCE PROTECTION AFIs 41-115, 41-120, 41-209, 41-210, 41-211, 46-101, 46-102; AFMAN 23-110 V5										
22.1. AF Form 1297 (Temporary Issue)							–	a	–	–
22. OPHTHALMOLOGY SPECIALTY - MEDICAL LOGISTICS/RESOURCE PROTECTION (CONTINUED)										
22.2. Supplies/equipment procedures										
22.2.1. Establish/Maintain stock levels							–	b	–	–
22.2.2. Perform materiel inventories							–	A	–	–
22.2.3. Process supply requests							–	A	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
22.3. Pecuniary liability for government property, lost damaged or destroyed							–	A	–	–
22.4. Fraud Waste & Abuse Prevention and Detection and Remedies							–	A	–	–
23. OPHTHALMOLOGY SPECIALTY - CENTRAL STERILE SUPPLY (CSS) TR: AFP 160-9; American Hospital Association (AHA), <u>Training Manual for Central Service Technicians</u> ; Joint Commission on Accreditation of Health Care Organizations (JCAHO), <u>Accreditation Manual for Hospitals</u> (current)										
23.1. Purpose							–	A	–	–
23.2. Organization							–	A	–	–
23.3. Functions							–	A	–	–
23.4. Services provided							–	A	–	–
23. OPHTHALMOLOGY SPECIALTY – CENTRAL STERILE SUPPLY (CSS) (CONTINUED)										
23.5. CSS activities and workflow										
23.5.1. Receive items	W						–	A	B	–
23.5.2. Process items	W						–	A	B	–
23.5.3. Distribute items	W						–	A	B	–
23.5.4. Store items	W						–	A	B	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
23.6. Storage/handling of equipment and supplies										
23.6.1. Physical requirements										
23.6.1.1. Nonsterile storage							–	A	B	–
23.6.1.2. Sterile storage							–	A	B	–
23.6.1.2.1. Environmental factors	W						–	A	B	–
23.6.1.2.2. Storage methods	W						–	A	B	–
23.6.2. Inventory Control (sterile supplies)										
23.6.2.1. Arrange supplies in storage	S/W						–	2b	–	–
23.6.2.2. Rotate stock	W						–	2b	–	–
23.6.2.3. Determine shelf life	W						–	A	–	–
23.6.2.4. Check for outdates	W						–	2b	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
24. OPHTHALMOLOGY SPECIALTY - MICROBIOLOGY AND INFECTION CONTROL TR: AFI44-108, <u>Infection Control Program</u> ; AFP 160-9; <u>Surgical Technology: Principles and Practice</u> ; <u>Principles and Methods of Sterilization in Health Sciences</u> ; <u>Alexander's Care of the Patient in Surgery</u> ; Centers for Disease Control (CDC), <u>Guidelines for Handwashing and Hospital Environmental Control</u> (current); <u>Guidelines for Prevention of Surgical Wound Infections</u> (current); <u>Recommendations for Prevention of HIV Transmission in Health Care Settings</u> (current)										
24.1. Microorganisms of concern to surgical personnel							–	A	–	–
24.2. Surgical wound infections										
24.2.1. Transmission of disease							–	A	–	–
24.2.2. The infectious process							–	A	–	–
24.2.3. Body defenses against infection							–	A	–	–
24.3. Infection control										
24.3.1. Programs										
24.3.1.1. Prevention							–	A	–	–
24.3.1.2. Surveillance							–	–	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
24. OPHTHALMOLOGY SPECIALTY - MICROBIOLOGY AND INFECTION CONTROL (CONTINUED)										
24.3.1.3. Tracking trends							–	–	–	–
24.3.1.4. Reporting							–	–	–	–
24.3.2. Wear surgical attire	S/W						–	3b	–	–
24.3.3. Practice personal hygiene	W						–	A	–	–
24.3.4. Perform handwashing	W						–	3b	–	–
24.3.5. Apply principles of surgical asepsis	S/W						–	3b	–	–
24.3.6. Follow procedures for preventing the spread of infectious blood-borne pathogens (Universal Precautions)										
24.3.6.1. Hepatitis Viruses	W						–	A	–	–
24.3.6.2. Human Immunodeficiency Virus (HIV)	W						–	A	–	–
24.4. Handle contaminated materials	S/W						–	2b	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

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		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
25. OPHTHALMOLOGY SPECIALTY - STERILIZATION AND DISINFECTION TR: AFP 160-9; <u>Principles and Methods of Sterilization in Health Sciences</u> ; <u>Surgical Technology: Principles and Practice</u> ; <u>Association for the Advancement of Medical Instrumentation (AAMI)</u> , <u>National Standards and Recommended Practices for Sterilization</u> (current); <u>AORN Standard and Recommended Practices for Perioperative Nursing</u> (current)										
25.1. Processing patient care supplies, instruments, and equipment										
25.1.1. Methods of sterilization										
25.1.1.1. Steam	W						–	A	–	–
25.1.1.2. Dry heat							–	A	–	–
25.1.1.3. Ethylene oxide							–	A	–	–
25.1.1.4. Radiation							–	A	–	–
25.1.1.5. Chemical	W						–	A	–	–
25.1.2. Terminally decontaminate or sterilize used patient care items										
25.1.2.1. Mechanical							–	2b	–	–
25.1.2.2. Manual	W						–	2b	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

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		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
25. OPHTHALMOLOGY SPECIALTY - STERILIZATION AND DISINFECTION (CONTINUED)										
25.1.3. Assemble cleaned items for sterilization										
25.1.3.1. Sort instruments and supplies	W						—	2b	—	—
25.1.3.2. Inspect instruments and supplies	W						—	2b	—	—
25.1.3.3. Select items for sterilization	W						—	2b	—	—
25.1.3.4. Arrange items for packaging	W						—	2b	—	—
25.1.4. Maintain linen supply	W						—	2b	—	—
25.1.5. Prepare patient care items for sterilization										
25.1.5.1. Types and characteristics of wrapping materials	W						—	A	—	—
25.1.5.2. Rectangular wrapping method	W						—	2b	—	—
25.1.5.3. Diagonal wrapping method	W						—	2b	—	—
25.1.5.4. Peel-packs	W						—	3b	—	—
25.1.5.5. Label wrapped items	W						—	3b	—	—
25.1.5.6. Rigid containers							—	A	—	—
25.1.6. Load sterilizer										

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25. OPHTHALMOLOGY SPECIALTY - STERILIZATION AND DISINFECTION (CONTINUED)										
25.1.6.1. Steam	W						—	2b	—	—
25.1.6.2. Ethylene oxide							—	—	—	—
25.1.6.3. Chemical							—	—	—	—
25.1.7. Operate sterilizers										
25.1.7.1. Steam	W						—	2b	—	—
25.1.7.2. Ethylene oxide							—	a	—	—
25.1.7.3. Chemical							—	—	—	—
25.1.8. Unload sterilizers										
25.1.8.1. Steam	W						—	2b	—	—
25.1.8.2. Ethylene Oxide							—	—	—	—
25.1.8.3. Chemical							—	—	—	—
25.1.9. Perform routine monitoring of sterilizers										
25.1.9.1. Monitor mechanical and automatic controls during sterilization cycles							—	1a	—	—
25.1.9.2. Use biological indicators							—	1a	—	—
25.1.9.3. Use chemical indicators							—	3b	—	—
25.2. Select suitable agent for disinfecting:										

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		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
25. OPHTHALMOLOGY SPECIALTY - STERILIZATION AND DISINFECTION (CONTINUED)										
25.2.1. Surgical instruments, supplies, and equipment	W						—	1a	—	—
25.2.2. Environmental surfaces	W						—	1a	—	—
26. OPHTHALMOLOGY SPECIALTY – SURGICAL HOUSEKEEPING PROCEDURES TR: <u>American Hospital Association (AHA), Training Manual for Central Service Technicians</u> (current); <u>AORN Standards and Recommended Practices for Perioperative Nursing</u> , (current); <u>Surgical Technology: Principles and Practice</u> ; Centers for Disease Control (CDC), <u>Recommendations for Prevention of HIV Transmission in Health Care Settings</u> (current)										
26.1. Perform initial cleaning activities	W						—	2b	—	—
26.2. Perform between-case cleaning	W						—	2b	—	—
26.3. Perform end-of-day cleaning	W						—	2b	—	—
26.4. Perform periodic cleaning	S/W						—	2b	—	—

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		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
27. OPHTHALMOLOGY SPECIALTY – PREOPERATIVE PREPARATION OF THE PATIENT TR: AFI 36-2238, 41-115, 41-210, 46-101; <u>Surgical Technology: Principles and Practice</u> , <u>AORN Standards and Recommended Practices for Perioperative Nursing</u> (current)										
27.1. Psychological preparation										
27.1.1. Patient needs							–	A	–	–
27.1.2. Patient fears							–	A	–	–
27.2. Explain purpose of procedures on preoperative checklist							–	A	–	–
27.3. Remove body hair from incision site in accordance with surgeon's orders							–	1a	–	–
27.4. Transfer patient										
27.4.1. Check the patient's chart										
27.4.1.1. Consent forms							–	2b	–	–
27.4.1.2. History and physical							–	a	–	–
27.4.1.3. Lab test results							–	a	–	–
27.4.1.4. Radiographic study results							–	a	–	–
27.4.1.5. Verify preoperative checklist task/item completion							–	2b	–	–

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27. OPHTHALMOLOGY SPECIALTY - PREOPERATIVE PREPARATION OF THE PATIENT (CONTINUED)										
27.4.2. Verify patient identity	W						–	2b	–	–
27.4.3. Assist in moving patient to and from:										
27.4.3.1. Gurney/recovery bed	W						–	2b	–	–
27.4.3.2. Patient bed							–	2b	–	–
27.4.3.3. Surgical table	W						–	2b	–	–
27.4.3.4. Crib							–	a	–	–
27.4.3.5. Wheelchair							–	1a	–	–
27.4.4. Implement safety precautions	W						–	2b	–	–
27.5. Retrieve patient's test results via computer system							–	1a	–	–
28. OPHTHALMOLOGY SPECIALTY - DUTIES OF SCRUB PERSONNEL TR: <u>Surgical Technology: Principles and Practice; AORN Standards and Recommended Practices for Perioperative Nursing</u> (current)										
28.1. Check duty assignment rosters and operative schedule	W						–	3b	–	–
28.2. Perform surgical hand and arm scrub	S/W						–	3b	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
28. OPHTHALMOLOGY SPECIALTY - DUTIES OF SCRUB PERSONNEL (CONTINUED)										
28.3. Dry hands using aseptic technique	S/W						–	3b	–	–
28.4. Gown and glove self	S/W						–	3b	–	–
28.5. Gown and glove surgical team members	S/W						–	3b	–	–
28.6. Establish and maintain sterile fields										
28.6.1. Set up back table	S/W						–	2b	–	–
28.6.2. Set up basin stands	W						–	2b	–	–
28.6.3. Drape Mayo stands	S/W						–	2b	–	–
28.6.4. Set up Mayo stands	W						–	2b	–	–
28.6.5. Set up prep sets	W						–	2b	–	–
28.7. Perform counts with O.R. nurse (RN)										
28.7.1. Surgical sponges	W						–	3b	–	–
28.7.2. Needles and blades	W						–	3b	–	–
28.7.3. Instruments	W						–	3b	–	–
28.7.4. Related supplies							–	3b	–	–
28.8. Assist surgeon with patient draping procedures	S/W						–	1a	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
28.9. Supply surgeon with necessary items during operative procedures	S/W						—	2b	—	—
28. OPHTHALMOLOGY SPECIALTY - DUTIES OF SCRUB PERSONNEL (CONTINUED)										
28.10. Prepare and pass surgical stapling and clip applying devices							—	A	—	—
28.11. Care for surgical specimens on the sterile field							—	2b	—	—
28.12. Assist surgeon with wound closure										
28.12.1. Prepare suture materials and needles	S/W						—	2b	—	—
28.12.2. Pass wound closure materials to surgeon	W						—	2b	—	—
28.12.3. Assist with tissue approximation as directed by surgeon							—	—	—	—
28.12.4. Wound closure techniques	W						—	A	—	—
28.12.5. Wound healing process							—	A	—	—
28.13. Assist surgeon with application of wound dressing	W						—	2b	—	—
28.14. Breakdown case set-up after surgical procedure	S/W						—	2b	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
29. OPHTHALMOLOGY SPECIALTY - DUTIES OF CIRCULATING PERSONNEL TR: AFIs 36-2238, 41-115, 41-210, 46-101; <u>Surgical Technology: Principles and Practice</u> ; <u>AORN Standards and Recommended Practices for Perioperative Nursing</u> (current)										
29.1. Check duty assignment rosters and operative schedules							–	3b	–	–
29.2. Select required sterile supplies and instruments	W						–	2b	–	–
29.3. Select required equipment	W						–	2b	–	–
29.4. Set up and safely operate equipment										
29.4.1. Electrosurgery devices	W						–	1b	–	–
29.4.2. Surgical lights	W						–	1b	–	–
29.4.3. Portable suction units	W						–	1b	–	–
29.4.4. Hyper-/Hypothermia units							–	1a	–	–
29.4.5. Solution warming cabinets							–	1a	–	–
29.4.6. Fiber optic light sources							–	1b	–	–
29.4.7. Surgical microscopes							–	A	–	–
29.4.8. Operating table										
29.4.8.1. Manual	W						–	1b	–	–
29.4.8.2. Electrical							–	–	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
29. OPHTHALMOLOGY SPECIALTY - DUTIES OF CIRCULATING PERSONNEL (CONTINUED)										
29.5. Open sterile supplies										
29.5.1. Rectangularly wrapped items/supplies	S/W						—	2b	—	—
29.5.2. Diagonally wrapped items/supplies	S/W						—	2b	—	—
29.5.3. Peel packs	S/W						—	2b	—	—
29.6. Assist in administration of anesthesia										
29.6.1. Intubation	W						—	a	—	—
29.6.2. Methods of administration										
29.6.2.1. General							—	A	—	—
29.6.2.2. Regional							—	A	—	—
29.6.2.3. Local							—	A	—	—
29.6.3. Assist with intravenous fluid and blood administration										
29.6.3.1. Common IV solutions	W						—	a	—	—
29.6.3.2. Blood and blood components	W						—	a	—	—
29.6.4. Assist with management of emergencies										
29.6.4.1. Cardio-respiratory arrest	W						—	a	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
29. OPHTHALMOLOGY SPECIALTY - DUTIES OF CIRCULATING PERSONNEL (CONTINUED)										
29.6.4.2. Laryngospasm/ bronchospasm	W						—	a	—	—
29.6.4.3. Allergic reactions to drug/anesthetic administration	W						—	a	—	—
29.6.4.4. Malignant hyperthermia							—	A	—	—
29.6.4.5. Shock	W						—	a	—	—
29.7. Assist with positioning patient	W						—	1a	—	—
29.8. Assist sterile team members with donning surgical gowns	W						—	3b	—	—
29.9. Perform cleansing skin preps										
29.9.1. Select antiseptic agent							—	A	—	—
29.9.2. Abdominal areas	W						—	1a	—	—
29.9.3. Extremities	W						—	1a	—	—
29.9.4. Perineal areas	W						—	a	—	—
29.9.5. Contaminated wounds	W						—	a	—	—
29.10. Position equipment, furniture, and lights	W						—	2b	—	—
29.11. Supply necessary items to sterile team during surgical procedure	W						—	2b	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
29. OPHTHALMOLOGY SPECIALTY - DUTIES OF CIRCULATING PERSONNEL (CONTINUED)										
29.12. Assist with preparing specimens for forwarding to the laboratory							—	1a	—	—
29.13. Assist with preparation of ancillary request forms							—	1a	—	—
29.14. Assist with preparation of reports										
29.14.1. Operation report							—	1a	—	—
29.14.2. Perioperative nursing record							—	A	—	—
29.15. Assist O.R. nurse (RN) in performing counts										
29.15.1. Surgical sponges	W						—	2b	—	—
29.15.2. Needles and blades	W						—	2b	—	—
29.15.3. Instruments	W						—	2b	—	—
29.15.4. Related supplies	W						—	2b	—	—
29.16. Provide dressing materials to the sterile team as required							—	2a	—	—
29.17. Inventory and Restock materials							—	2b	—	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
30. OPHTHALMOLOGY SPECIALTY - NURSING CARE OF THE SURGICAL PATIENT TR: <u>Surgical Technology</u> ; <u>Principles and Practice</u> ; <u>The Recovery Room: A Critical Care Approach to Post Anesthesia Nursing</u> ; <u>Lippincott Manual of Nursing Practice</u> ; <u>Fundamentals of Nursing</u> ; <u>Patient Care Standards</u> ; <u>Nursing Care Process</u> , <u>Diagnosis and Outcome</u>										
30.1. Assist with nursing care										
30.1.1. Take and record vital signs manually										
30.1.1.1. Temperature							–	2b	–	–
30.1.1.2. Pulse							–	2b	–	–
30.1.1.3. Respirations							–	2b	–	–
30.1.1.4. Blood pressure							–	2b	–	–
30.1.2. Assist with administration of oxygen	W						–	b	–	–
30.1.3. Identify and transfer drugs and solutions with supervision							–	1b	–	–
30.1.4. Assist with basic post-anesthesia nursing care							–	1a	–	–
30.1.5. Assist with management of postoperative complications							–	a	–	–

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
30. OPHTHALMOLOGY SPECIALTY - NURSING CARE OF THE SURGICAL PATIENT (CONTINUED)										
30.2. Perform basic cardiac life support	S/W						—	3c	—	—
31. OPHTHALMOLOGY SPECIALTY - MEDICAL TERMINOLOGY, ANATOMY, AND PHYSIOLOGY TR: AFIs 36-2238, 41-115, 41-210, 46-101; <u>Surgical Technology : Principles and Practice</u> ; Anthony and Thibodeau's <u>Textbook of Anatomy and Physiology</u>										
31.1. Use medical terminology										
31.1.1. Root words	W						—	A	—	—
31.1.2. Prefixes	W						—	A	—	—
31.1.3. Suffixes	W						—	A	—	—
31.1.4. Combining forms	W						—	A	—	—
31.1.5. Common medical abbreviations	W						—	A	—	—
31.2. Identify body planes, surfaces, and cavities	W						—	A	—	—
31.3. Cell, tissue, and organ composition							—	A	—	—
31.4. Structure and function of major body systems										

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
31. OPHTHALMOLOGY SPECIALTY - MEDICAL TERMINOLOGY, ANATOMY, AND PHYSIOLOGY (CONTINUED)										
31.4.1. Skeletal	W						–	A	–	–
31.4.2. Muscular	W						–	A	–	–
31.4.3. Nervous	W						–	A	–	–
31.4.4. Circulatory	W						–	A	–	–
31.4.5. Respiratory	W						–	A	–	–
31.4.6. Digestive	W						–	A	–	–
31.4.7. Endocrine	W						–	A	–	–
31.4.8. Urinary	W						–	A	–	–
31.4.9. Reproductive	W						–	A	–	–
31.4.10. Integumentary	W						–	A	–	–
31.4.11. Special senses										
31.4.11.1. Ear, nose, throat, and mouth	W						–	A	–	–
31.4.11.2. Eye	W						–	A	–	–
32. OPHTHALMOLOGY SPECIALTY - SURGICAL SPECIALTIES TR: <u>Surgical Technology: Principles and Practice</u>										
32.1. General principles related to scrub and circulator duties for										

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
32. OPHTHALMOLOGY SPECIALTY - SURGICAL SPECIALTIES (CONTINUED)										
32.1.1. General surgery	W						–	A	–	–
32.1.2. Obstetrics and gynecology							–	A	–	–
32.1.3. Orthopaedics	W						–	A	–	–
33. OPHTHALMOLOGY SPECIALTY - CLINIC TR: AFIs 44-108, 46-101, 46-102; <u>General Ophthalmology</u> (ch 3 thru 12, 15 thru 18, and 20); <u>The Ophthalmic Assistant</u> (ch 5, 25 thru 31, 33, and 34)										
33.1. Assisting the Health Care Provider										
33.1.1. Perform ophthalmic A scan	S						–	–	b	–
33.1.2. Perform ophthalmic B scan							–	–	b	–
33.1.3. Perform fluorescein angiography	S						–	–	b	–
33.1.4. Apply Fresnell press-on prisms to spectacles							–	–	–	–
33.1.5. Perform pachemetry							–	–	–	–
33.1.6. Perform potential acuity meter (PAM)							–	–	–	–
33.2. Prepare pathology specimens for lab analysis							–	–	b	–
33.3. Assist in ophthalmic surgery										

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
33.3.1. Set up surgical supplies, instruments, and equipment	S						—	—	b	—
33. OPHTHALMOLOGY SPECIALTY - CLINIC (CONTINUED)										
33.3.2. Muscle surgery							—	—	b	—
33.3.3. Cataract surgery										
33.3.3.1. Extracapsular extraction	S						—	—	b	—
33.3.3.2. Phacoemulsification	S						—	—	b	—
33.3.4. Iridectomy							—	—	—	—
33.3.5. Trabeculectomy							—	—	b	—
33.3.6. Pterygium removal							—	—	b	—
33.3.7. Retinal detachment							—	—	b	—
33.3.8. Corneal transplant							—	—	b	—
33.3.9. Enucleation							—	—	—	—
33.3.10. Dacryocystorhinostomy							—	—	b	—
33.3.11. Nasolacrimal duct probe and irrigation	S						—	—	b	—
33.3.12. Blepharoplasty							—	—	b	—
33.4. Cryosurgery							—	—	—	—
33.5. Chalazion surgery							—	—	b	—
33.6. Removal of small lesions of the adnexa							—	—	b	—

Specific Ophthalmology 4V0X1A Tasks, Attachment 4

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
33.7. Removal of eyelid sutures							—	—	b	—
33.8. Removal of nonembedded, ocular foreign bodies							—	—	b	—
33. OPHTHALMOLOGY SPECIALTY - CLINIC (CONTINUED)										
33.9. Principles of laser surgery							—	—	B	—

Supervisor/Manager 4V0X1/X1A Tasks, Attachment 5

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
34. SUPERVISION AND MANAGEMENT TR: AFIs 36-401, 36-2403, 38-201, 38-204, 44-119, 65-601V1; AFMAN 23-110; AFD 65-6										
34.1. Orienting new personnel							–	–	–	–
34.2. Assigning personnel to clinic duties							–	–	–	–
34.3. Planning work assignments and priorities							–	–	–	B
34.4. Scheduling work assignments							–	–	–	B
34.5. Establishing performance standards							–	–	–	B
34.6. Managing self-inspection programs							–	–	–	B
34.7. Conduct self-inspections							–	–	–	–
34.8. Budget process							–	–	–	B
34.9. Writing job descriptions							–	–	–	B
34.10. Compile data for trend analysis/performance improvement							–	–	–	–
34.11. Conduct meetings/briefings							–	–	–	–
34.12. Resolve technical problems for personnel							–	–	–	–
34.13. Counsel personnel and resolve problems							–	–	–	–
34.14. Initiate action to correct substandard performance							–	–	–	–
34.15. Recognition programs							–	–	–	A

Supervisor/Manager 4V0X1/X1A Tasks, Attachment 5

1. Tasks, Knowledge, And Technical References	2. Core/ War-time Tasks	3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided			
		A	B	C	D	E	A 3 Skill Level		B 5 Skill Level	C 7 Skill Level
		Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	Optometry Apprentice Course	Air Force Surgical Course	CDC	CDC
34. SUPERVISION AND MANAGEMENT (CONTINUED)										
34.16. Initiate personnel action requests							–	–	–	–
34.17. Evaluate work performance							–	–	–	–
34.18. Evaluate quality of patient care							–	–	–	–
34.19. Evaluate budget requirements							–	–	–	–
34.20. Evaluate clinic resources										
34.20.1. Equipment							–	–	–	–
34.20.2. Personnel							–	–	–	–
34.21. Manage safety/security programs							–	–	–	–
35. TRAINING TR: AFIs 36-2101, 36-2201; AFMAN 36-2108										
35.1. Evaluate personnel training requirements							–	–	–	–
35.2. Prepare job qualification standards (JQS)							–	–	–	–
35.3. Plan and supervise OJT							–	–	–	–
35.4. Conduct on-the-job training (OJT)							–	–	–	b
35.5. Counsel trainees on their progress							–	–	–	–
35.6. Evaluate effectiveness of training							–	–	–	–
35.7. Maintain training records							–	–	–	–

STS 4V0X1/X1A

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14. Vaughn, Daniel and Asbury, Taylor; General Ophthalmology, 13th ed.; Lange Medical Publications. 1992.

Section B - Course Objective List

NOTE: Initial Skills Course: J3ABR4V031-003 - Optometry Apprentice Course and Initial Skills Course: J3ALR4V031A-000 - Air Force Surgical Apprentice Course (Phase I), Course Objective List can be obtained by contacting the Optometry Apprentice Course.

Address: 382 TRS/XYAG, 917 Missile Road, Suite 3, Sheppard AFB, Texas 76311-2263.

Phone: DSN 736-3600 or Commercial (940)676-3600.

Section C - Support Materials

NOTE: There are currently no support material requirements. This area is reserved.

Section D - Training Course Index

4. Purpose. This section of the CFETP identifies training courses available for the specialty and shows how courses are used by each MAJCOM in their career field training programs.

5. Air Force In-Residence Courses.

<u>COURSE NUMBER</u>	<u>COURSE TITLE</u>	<u>LOCATION</u>	<u>USER</u>
J3ABR4V031-003	Optometry Apprentice	Sheppard AFB, TX	AF
J3ALR4V031A-000	Air Force Surgical Apprentice (Phase I)	Sheppard AFB, TX	AF
J3AIR3S200-075	Basic Instructor Course	Sheppard AFB, TX	AF
J3AIR3S200-036	Technical Training Teaching Practium	Sheppard AFB, TX	AF
J3AIR3S200-000	Basic Counseling	Sheppard AFB, TX	AF
J3AIR3S200-025	Technical Writer Principles	Sheppard AFB, TX	AF
J3AIR3S200-015	Nonresident Training Materials	Sheppard AFB, TX	AF
MECI-100	ECI Course for Authors	Maxwell AFB, AL (Gunter Annex)	AF

6. Navy In-Residence Courses.

COURSE NUMBER	COURSE TITLE	LOCATION	USER
B-311-0023 DoD	Optician C School	Yorktown NAS, VA	

7. Extension Course Institute (ECI) Exportable Courses.

COURSE NUMBER	COURSE TITLE	LOCATION	USER
CDC 4V051 AF	Optometry Journeyman	Maxwell AFB, AL (Gunter Annex)	
CDC 4V051A	Ophthalmology Journeyman	Maxwell AFB, AL (Gunter Annex)	AF
CDC 4V071/71A	Optometry/Ophthalmology Craftsman	Maxwell AFB, AL (Gunter Annex)	AF

8. Courses Under Development/Revision.

COURSE NUMBER	COURSE TITLE	LOCATION	USER
J3ABR4V031-003	Optometry Apprentice	Sheppard AFB, TX	AF
CDC 4V051	Optometry Journeyman	Maxwell AFB, AL (Gunter Annex)	AF
CDC 4V051A	Ophthalmology Journeyman	Maxwell AFB, AL (Gunter Annex)	AF
CDC 4V071/71A	Optometry/Ophthalmology Craftsman	Maxwell AFB, AL (Gunter Annex)	AF

Section E - MAJCOM Unique Requirements

9. Air Force Reserve.

9.1. Purpose: This section applies to all Optometry Specialty personnel assigned to all Air Force Reserve medical units.

9.2. Additional apprentice (3-skill level) qualification training requirements: Qualification training is actual hands-on task performance training designed to qualify an airman in a specific

duty position. This training program occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge required to do the job.

9.2.1. Upon completion of the Optometry Apprentice course, all optometry apprentices (non-prior service and cross-trainees) will be assigned to an active duty hospital for up to 180 days (minimum 60 days) to acquire proficiency in performing tasks for the 5-skill level. The length of training should be dependent upon the apprentice's civilian experience, if any. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

9.2.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of their technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice into the appropriate training status code (TSC), "B" or "F".

Section F - Documentation of Training (Medical Specific)

10. Developing a Work Center Training Plan and the Enlisted Training and Competency Folder.

10.1. The focus of this training guidance is to bring all training documentation back into one "OJT" record. Over the years, training documentation has taken on many forms. Previous restrictions imposed by AFR 50-23, *On-the-Job Training*, allowed only certain documents to be maintained in the OJT record. Changing medical training requirements created a need for additional ways to document training outside the OJT record. The end result was each training location created different means to document training. Often a section might have training documented in three or more locations which made the training documentation and review process difficult to manage. Individuals involved in the training process, not to mention inspection teams, were finding it difficult to get a good overview of the training process, as they had to search through several different tracking folders to find the information they were looking for. Training documentation became very unmanageable. AFI 36-2201, *Developing, Managing, and Conducting Training*, authorizes Career Field Managers to bring training documentation back into one "OJT" record, thus the creation of the Enlisted Training and Competency Folder. The following training information provides specific guidance along with recommended documentation, consistent with current Air Force instruction/directives. This training guidance has focused on two main areas: Developing a Master Training Plan and Documentation of the Training in the Enlisted Training and Competency Folder.

10.2. Developing a Master Training Plan (MTP).

10.2.1. A MTP is a reference guide developed for each section that includes all facets of training for individuals assigned. It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process

for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

10.2.2. Keep in mind the MTP is an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that are standard requirements for all MTPs. They include the following:

- 10.2.2.1. Unit Specific Orientation Checklist.
- 10.2.2.2. Job description for each duty position within the duty section (see AFMAN 36-2108).
- 10.2.2.3. Dual Channel OJT Concept.
 - 10.2.2.3.1. Career knowledge requirements.
 - 10.2.2.3.2. Job qualification requirements.
- 10.2.2.4. Testing procedures for CDCs.
- 10.2.2.5. Uses of AF Form 623 and Job Qualification Standards (JQSs).
- 10.2.2.6. Performance standards/position qualification training for each duty position.
- 10.2.2.7. Master Career Field Education Training Plan (CFETP).
 - 10.2.2.7.1. Identifies all tasks required for the duty section.
 - 10.2.2.7.2. Standardized reference source for initiating individual training.
 - 10.2.2.7.3. Impact of training on career progression.
- 10.2.2.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.
 - 10.2.2.8.1. Required for all tasks identified in the CFETP that require completion of a QTP before certification.
 - 10.2.2.8.2. Required for all tasks not listed in the CFETP and/or identified by the duty section as a high risk procedure or task. **Note:** The tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs. Currently, there are no QTPs for AFSC 4V0X1/X1A.
- 10.3. Documentation of Training - The Enlisted Training and Competency Folder.
 - 10.3.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all medical personnel (4XXXX's). Training documentation helps us to assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your unit training manager can also assist you with specific questions on training documentation.
- 10.4. Documents included in 4V0X1/X1A Training Records.

10.4.1. To assemble a 4V0X1/X1A training and competency folder, utilize a standard 6-part folder (NSN 7530-00-990-8884, Folder, 6 Section). Attach and center to the top half of the front cover (as viewed in portrait orientation), a computer generated or typed/written title, “Enlisted Training and Competency Folder”. In addition, include the member’s/trainee’s full name (Last Name, First Name, Middle Initial), rank and SSN. To facilitate filing the folders in a traditional filing cabinet, place an additional label with the members/trainee’s typed Last Name, First Name, Middle Initial on the top right corner of the inside back cover (back section of Part-6) as viewed in landscape orientation. Other sections of the 6-part folder are discussed in detail in the paragraphs below. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 are filed in the 6-part folder under parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Index tabs/tabbed dividers may be used in parts that contain multiple documents. When multiple copies of any form are placed in the OJT record, they are placed in chronological order with the most current documentation on top. When building the new 6-part folder, the parts of the folder will contain the documents filed in the sequence, shown in figure 1.

ENLISTED TRAINING AND COMPETENCY FOLDER Jones, William G. SRA 123-45-6789		
PART 1 - Local MTF required training and skills competency documentation -- AF Form 55 - Safety Training -- AF Form 803 - Task Evaluations	PART 3 - AF Form 1098 -- Mandatory training (Section A) -- QTPs (Section B) -- Inservice training (Section C)	PART 5 - AF Form 2096 - PC III documentation
PART 2 - AF Form 623b - CFETP, 4V0X1/X1A - AF Form 797	PART 4 - AF Form 623a -- Job, description/performance standards review -- Orientation -- Training progress	PART 6 - Continuing Education to sustain National Certification

Figure 1. Organization of the 4V0X1/X1A OJT Record.

10.4.2. Part 1, the first two-pronged section, is located inside the front cover. Locally required training & skills competency documentation (i.e., course completion certificates for AETC instructors) is to be maintained in Part 1, regardless of grade or training status.

10.4.2.1. AF Form 55, *Employee Safety and Health Record*, is also maintained in Part 1, regardless of grade or training status. AFI 91-301, *Air Force Occupational and Environmental Safety Fire Protection, and Health (AFOSH) Program*, June 1996, authorizes supervisors to file AF Form 55 with AF Form 623, *On-The-Job Training Record*. In addition, AF Form 803,

Report of Task Evaluations, when used at the discretion of the supervisor will be filed in this section.

10.4.3. Part 2, AF Form 623 or AF Form 623B and Career Field Education and Training Plan (CFETP): Attach the front cover (containing sections 1-4) of member's current AF Form 623, onto part 2 (second two-pronged section) of the 6-part folder.

Note: Maintenance of AF Form 623 is mandatory for Airmen in the ranks, Airman Basic through Technical Sergeant. In addition, an AF Form 623 is required for SNCOs, regardless of grade, in retraining status or as directed by the Air Force Career Field Manager, Commander, or Supervisor.

10.4.3.1. AF Form 623B, with a Two-Part adhesive backed form is available and only authorized to document 4XXXX (Medical Enlisted AFSCs). Once these forms are procured, place the new Two-Part Form on the front and back of a standard letter size, cardstock divider or other similar size durable material. Punch two holes in the top of the divider (above the stick-on, first part of the new form), transfer all appropriate information from the old AF Form 623 to the new Form, and place the divider with the new annotated Form on top of all other Forms located in Part 2 of the 6-Part Folder.

10.4.3.2. Due to the new two part AF Form 623 being placed on top of Part 2 of the 6-part folder, a *Privacy Act Statement Label* (Form AFVA 205-15, Privacy Act Statement), as shown below, will need to be placed (glued/taped) on the front cover of the 6-Part folder at the bottom of the front cover, centered below the folder title/trainee information label, as viewed in portrait orientation.

**PERSONAL DATA
PRIVACY ACT OF 1974
(5 U. S. C. 552a)
29 March 1985 AFVA205-15**

10.4.3.3. AFVA 205-15, "Privacy Act Statement" and the form's governing directive is under revision. If available through local PDO, use current stocks of AFVA 205-15, Privacy Act Statement. If unavailable, HQ USAF forms managers have authorized local reproduction of the AFVA 205-15. Local reproduction can be done via electronic means to create a 1 X 3 inch, adhesive label facsimile of the original AFVA 205-15, or by copying the original form and taping the copy to the folder cover. Consult with your local PDO or unit training managers for further guidance on obtaining or reproducing the Privacy Act form.

Note: Do not place the 2-Part AF Form 623 on the front and backside of the 6-Part Folder cover. The 6-Part Folder is designed so that Parts 2 through 5 are the equivalent of the old OJT Folder, while Parts 1 and 6 are additional sections designed to hold other training documents that were previously filed in other training folders, or are unique to our medical AFSCs. Insure all appropriate areas of the form are properly completed before posting in part 2. This document is formally recognized by the personnel system in contingencies and deployments as the official "cover" of the formal training record.

10.4.3.4. The Specialty Training Standard (STS) contained within the CFETP is used to record training proficiency in various tasks required for an individual to perform duties in a specific work area. A master task listing for the work center is maintained in the MTP for the duty section. Circle core tasks and any other tasks the individual is required to perform specific to his/her current duty position.

10.4.3.5. AF Form 797, *Job Qualification Standard Continuation/Command JQS*. These forms are used to document training for tasks that are not otherwise documented in the CFETP, or tasks that are waived by the MAJCOM.

10.4.4. Part 3, AF Form 1098, *Special Task Certification and Recurring Training*. This form is used to document qualification in tasks that require recurring, mandatory, and/or inservice training. Although not mandated, this part can contain separate indexed tabs/tabbed dividers for the documentation of different categories of training. The following subparagraphs provide examples of how Part 3 can be subdivided to document specific types of special or recurring training. AFSC 4N0X1 examples were used in illustrating AF Form 1098 documentation options.

10.4.4.1. AF Form 1098s in Part 3, Section A, documents mandatory recurring training (see figure 2). Examples are Basic Life Support (BLS) training, Patient Sensitivity training, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility. At a minimum, these requirements should be reviewed on an annual basis and updated as required.

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE- QUENCY G.	DUE DATE H.
BLS Training	1 Apr 95			4	C	Bi-enn	1 Apr 97
BLS Training							
Patient Sensitivity	20 Mar 95			P		A	20 Mar 96
Hospital Safety	12 May 95			P		A	12 May 96
QA&I	12 May 95			P		A	12 May 96
Infection Control	12 May 95			P		A	12 May 96
MANDATORY TRAINING DOCUMENTATION							
NAME OF TRAINEE (<i>Last, First, Middle Initial</i>) Jones, William G.		GRADE SRA		UNIT AND OFFICE SYMBOL SGNE			

AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED.

Figure 2. Sample - Mandatory, Recurring Training Documentation.

10.4.4.2. 1098s in Part 3, Section B, documents on-going completion of Qualification Training Packages (QTPs) if applicable (see figure 3). Air National Guard sustainment training will also be documented in this section. Air Force Reserve sustainment training is documented on AFRES

Form 16, *Sustainment Training Program*, and filed in this section. The initial completion of a QTP is documented in the CFETP. ***Each QTP required for the duty section is maintained in the Master Training Plan (MTP) and is used as a training source document. Locally developed competency packages can be utilized until QTPs are available.***

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCE A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIALS OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE- QUENCY G.	DUE DATE H.
Sterilization Procedures QTP 4N0X1-Vol 1, Module 1	27 Apr 95		P			A	27 Apr 96
Blood from Venipuncture QTP 4N0X1-Vol 1, Module 7	5 May 95		P			A	5 May 96
IV Infusion/Blood Administration QTP 4N0X1-Vol 1, Module 12/13	10 May 95		P			A	10 May 96
NAME OF TRAINEE(LAST, FIRST MIDDLE INITIAL)		GRADE		UNIT AND OFFICE SYMBOL			

AF FORM 1098, APR 85 (EF) PREVIOUS EDITION IS OBSOLETE

Figure 3. Sample - Continuing QTP Documentation.

10.4.4.3. AF Form 1098s in Part 3, Section C is used to document Inservice training (see figure 4).

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE- QUENCY G.	DUE DATE H.
Legal Issues in Nursing Capt Reardon	12 Apr 95			1 Hour			
Eye Trauma Maj Blue	15 May 95			2 Hours			
Pediatric Emergencies Lt Col Johnson	22 May 95			1 Hour			
Special Diets for Med/Surg Pts Capt Tolle	6 Jun 95			1 Hour			
INSERVICE TRAINING DOCUMENTATION							
NAME OF TRAINEE (<i>Last, First, Middle Initial</i>) Jones, William G.		GRADE SRA		UNIT AND OFFICE SYMBOL SGNE			

AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED.

Figure 4. Sample - Inservice Training Documentation.

10.4.5. Part 4, AF Form 623a, *OJT Training Record Continuation Sheet/Automated product*. This form is utilized to document all progress of individual training to include facility orientation, duty section specific orientation, upgrade/job qualification training, additional pertinent training, career development course (CDC) failures/corrective actions, skill level/task decertification procedures, and supervisor/trainer/certifier entries. The entire process must be well documented on this form (See Figures 5, 6, and 7). All individuals involved in the training process must document training progress as it occurs in this section. Progress/status of members in upgrade training is documented *at least monthly*.

10.4.5.1. Upgrade Training (5-7-9 skill levels).

10.4.5.1.1. Document the member's entry into upgrade training and periodic (minimum monthly) evaluations of training progress.

10.4.5.1.2. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

10.4.5.1.3. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623 (i.e., Job Qualification).

10.4.5.1.4. Document any time out of training (i.e., PME, extended leave, TDY other than deployment) and decertification proceedings to include dates, reasons for decertification and other applicable information on the AF Form 623a.

10.4.5.1.5. Once an individual completes upgrade training commensurate to his/her rank and maintains an appropriate skill level, his/her supervisor should continue to review requirements, progress, and individual training needs. OJT record reviews should, at a minimum, coincide with members performance feedbacks to ensure documentation currency and appropriateness.

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET	
<p>14 Feb 1995</p> <p>SRA Jones is assigned to the Medical/Surgical ward on this date. SSgt Smith has been assigned as a trainer for SRA Jones. SSgt Smith will orient SRA Jones to the unit using the the medical/surgical orientation checklist located in the Master Training Plan dated 17 March 1994. An initial interview was accomplished on this date. SRA Jones enjoyed his hospital orientation and is looking forward to the unit orientation. He expressed his concern on meeting previously scheduled appointments while under the unit orientaiton. I informed SRA Jones that time to attend his appointment would be scheduled as needed. SRA Jones stated that his goals during the orientation process was to learn as much as possible and to question the trainers when he was not clear as to the training provided. SRA Jones seems to be very enthusiastic about working on the ward and has expressed his desire to take on any challenges that the trainers have to offer.</p>	
SRA Jones	SSgt Smith Medical / Surgical Ward
<p>27 Feb 1995</p> <p>A mid orientation progress check was accomplished on this date. SRA Jones has progressed through the medical/surgical orientation checklist dated 17 March 1994, with little to no difficulty. He has completed his review of the unit specific OIs and has begun required reading of applicable hospital OIs. SRA Jones will complete the remainder of his orientation on night shift beginning 28 Feb 95.</p>	
SRA Jones	SSgt Smith Medical / Surgical Ward
<p>12 Mar 1995</p> <p>SRA Jones has completed all training on the medical /surgical unit orientation checklist dated 17 March 1994. A review of the checklist with SRA Jones indicates that he was knowledgable of all items discussed. SRA Jones stated that he feels comfortable with the training provided and believes that he is ready to be released from orientation. I recommend SRA Jones be released from orientaiton on this date.</p>	
SRA Jones	SSgt Smith, Trainer Medical / Surgical Ward
Concur	Concur
MSgt Finish, NCOIC Medical / Surgical Ward	Capt Done, OIC Medical / Surgical Ward
<h2 style="margin: 0;">SAMPLE ORIENTATION DOCUMENTATION</h2>	
<p>LAST NAME - FIRST NAME - MIDDLE INITIAL</p> <p>Jones, William G.</p>	

AF FORM 623a, MAR 79 (EF)

PREVIOUS EDITION WILL BE USED.

Figure 5. Sample - Orientation Documentation (4N0XX Model).

**ON - THE - JOB TRAINING RECORD
CONTINUATION SHEET**

INITIAL BRIEFING

(Trainee Orientation)

_____ has been briefed on the On-The-Job Training (OJT) Program and how he/she fits into the program while in upgrade training (UGT). Upgrade training was explained as a dual channel process designed to qualify an airman for skill level upgrade. Dual channel OJT is a systematic reportable application of self-study and the craftman/apprentice principle. Trainees acquire job qualification while performing on the job under supervision. This combination, knowledge and job position qualification constitutes the dual channel concept. Requirements from AFI 36-2101, 36-2108, and 36-2201 were covered. AF Forms 623, 623a, 797, 2096, and the CFETP, STS/JQS or automated JQS, which serves to make up the individual training record, was explained. Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and trainee were discussed. The career development course (CDC) was briefly discussed and is explained in detail when the CDC arrives. Requirements for upgrade in your AFSC _____ are: (1) Satisfactory completion of 5-level CDC _____ (2) Supervisor certifies job qualifications with adequate hands on training (3) Satisfactory completion of 7-level CDC _____, and (4) Supervisor recommendation for upgrade. Each airman in grades E1 through E6 (and SNCO's in retraining status) have an AF Form 623 which must contain a CFETP or JQS. The CFETP or JQS may contain 150 or more separate tasks but it should be annotated to show only those tasks the airman is required to perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade and core task requirements. In the JQS there is a space for both the supervisor and the trainee to initial and certify training is complete. In the CFETP, the trainer, trainee, and certifier has a space to initial when training is completed. After upgrade training is complete, the CFETP or JQS will continue to document further qualification training.

SUPERVISOR'S SIGNATURE

TRAINEE'S SIGNATURE

DATE

LAST NAME FIRST NAME MIDDLE INITIAL

AF FORM 623a, MAR 79

PREVIOUS EDITION WILL BE USED

Figure 6. Sample - Initial Upgrade Training Briefing.

ON - THE - JOB TRAINING RECORD CONTINUATION SHEET		
<i>TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)</i>		
<p>1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record (AF Form 623).</p> <p>2. Budget time (on and off-duty) for timely completion of CDCs and keep all CDC materials for future reference and study.</p> <p>3. Attain and maintain qualification in your assigned AFS.</p> <p>4. After CDC briefing trainee will do the following: (Read and Initial)</p> <div style="margin-left: 40px;"> <p>_____ a. Read "Your Key to a Successful Course."</p> <p>_____ b. Make all required course corrections and return entire package to your supervisor.</p> <p>_____ c. When you are issued your first volume you will read and study the volume, unit, and answer the self-test questions and the unit review exercises (UREs). Questions are to be answered in the space provided when possible. Highlight/reference where answers are found in the most effective manner determined by the supervisor.</p> <p>_____ d. Supervisor will check URE and self-test questions for accuracy and completeness. You will correct all incorrect responses.</p> <p>_____ e. Supervisor issues the ECI Form 34 (Field Scoring Sheet) for you to transcribe your answers from the URE/VRE. The URE/VREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.</p> <p>_____ f. Minimum acceptable training consist of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.</p> <p>_____ g. Your next volume is issued by your supervisor. You must work it in the same manner as above for the entire course.</p> <p>_____ h. Upon completion of your last volume you and your supervisor will immediately start a comprehensive review of the entire CDC to prepare for your course examination.</p> </div> <p>5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions.</p> <p>6. Upon satisfactory completion of your career knowledge training, position qualification, and mandatory requirements listed in AFI 36-2108, your supervisor will initiate upgrade action on you.</p>		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>SUPERVISOR'S SIGNATURE</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>TRAINEE'S SIGNATURE</i>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>DATE</i>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> LAST NAME FIRST NAME MIDDLE INITIAL </div>		

AF FORM 623a, MAR 79 PREVIOUS EDITION WILL BE USED

Figure 7. Sample - Upgrade Documentation.

10.4.5.1.6. The Job Description /Performance Standards for each duty position should be maintained in a Master Training Plan (MTP) within individual duty sections. (Do not maintain job descriptions in individual OJT records.) An AF Form 623a reflecting the annual review of members' job description/performance standard is maintained in Part 4 of the OJT record.

Note: An AF Form 623a overprint/automated product may be used to document both supervisor/subordinate reviews. The following statements are annotated and jointly reviewed by the supervisor /subordinate:

10.4.5.1.6.1. "I know where to find a current copy of my Job Description/ Performance Standards."

10.4.5.1.6.2. "I have read, discussed with my supervisor, and understand my Job Description/Performance Standards."

10.4.5.1.6.3. "I understand my duties and responsibilities for the position that I am currently working in ."

10.4.5.1.6.4. "If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from my supervisory personnel in my chain of command."

10.4.5.1.6.5. "It is my responsibility to review my Job Description/Performance Standards with my supervisor during each feedback session and with each change in supervisor/duty position."

10.4.5.1.7. A signature and date block for both supervisor and subordinate will reflect mutual understanding of above statements. Recommend several signature and date spaces for continual review process when overprint/automated products are utilized.

10.4.6. Part 5, AF Form 2096, *Classification On-The-Job Training Action*. This form is used to document official training actions [i.e., award of skill level, training status changes, decertifications and award of Special Experience Identifiers (SEIs)]. **Note:** An automated PC III document may be substituted for AF Form 2096.

10.4.7. Part 6, Continuing Education This part contains National Certification/Registration and Continuing Education Reports as applicable to the members AFSC/current duty position. The form may be locally developed, but must contain documentation of the individual's current certification card number and expiration date. **Supervisors and individuals should continually monitor Continuing Education Units (CEUs) status for AFSC's requiring specialty certification to ensure no lapses in certification occur.**

A sample of the National Registry of Ophthalmic Certification form appears on the next page (see figure 8).

**NATIONAL REGISTRY CERTIFICATES
of
Optometry Technicians**

AOA - (American Optometric Association)
ABO - (American Board of Opticianry)

**NATIONAL REGISTRY CERTIFICATES
of
Ophthalmology Technicians**

COA/COT/COMT - JCAHPO (Joint Commission on Allied Health
Personnel in Ophthalmology)

*** Place copy of National Certification in this Section**

Registry Number: _____

Name: _____

**THIS FORM MAY BE MODIFIED TO MEET
CLINIC PREFERENCE:**

Address: _____

SSN: _____ - _____ - _____

CONTINUATION EDUCATION REPORT

*** Place copies of completion certificates in this Section**

DATE: _____

DATE: _____

LOCATION: _____

LOCATION: _____

HOURS: _____

HOURS: _____

DATE: _____

DATE: _____

LOCATION: _____

LOCATION: _____

HOURS: _____

HOURS: _____

Figure 8. Sample - Ophthalmic Certification Form.

10.4.8. Maintenance of certificates of training completion is an individual responsibility. Members must retain all original certificates as verification of formal training.

10.5. Supplemental AFSC-specific documentation instructions. Each Career Field Manager is authorized to supplement or revise the general guidance contained in section F of the CFETP to ensure the documents filed in the 6-part folder accurately reflect the needs of their AFSC/Medical specialties.